TO STUDY PATTERN OF DERMATOSES IN PEDIATRICS AGE GROUP

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Dedicated

to

my family

&

Teachers

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Dr. Jaismine Kaur Kohli

LIST OF ABBREVIATIONS

ACD	Allergic contact dermatitis
AD	Atopic dermatitis
CBC	Complete blood count
CD	Contact dermatitis
DEET	*N, N*-diethyl-meta-toluamide
FLG	Filaggrin
HFMD	Hand-foot-mouth disease
ICD	Irritant contact dermatitis
Ig	Immunoglobulin
IH	Infantile Hemangioma
IL	Interleukin
KOH	Potassium hydroxide
LFT	Liver function tests
LP	Lichen planus
MC	Molluscum contagiosum
NMF	Natural moisturising factor
OPD	Out patient department
PA	Pityriasis Alba
PUVA	Psoralen and UVA
PV	Pityriasis versicolor
RFT	Renal function tests
SALT	Skin-associated lymphoid tissues
SD	Seborrheic dermatitis
SLE	Systemic lupus erythematosus
TEWL	Transepidermal water loss
Th1	Type 1 T helper cells
Th2	Type 2 T helper cells
UV	Ultraviolet

ABSTRACT

Background: Pediatric dermatoses include a range of infectious and non-infectious skin diseases encountered during different phases of childhood. Dermatological ailments are one of the most common complaints experienced by the pediatric population and are common all over the world, affecting both rural and urban settings. Studies of the pediatric population, which constitutes the cornerstone of the community, can play an important role in determining the policies of protective medicine and public health. Thus, childhood age is a surrogate marker for environmental risks.

Objective: To study pattern of dermatoses in pediatrics age group

Methods: A total five hundred patients, age upto 18 years attending the outpatient and inpatient of Dermatology department and Pediatrics department of Dayanand Medical College & Hospital, Ludhiana, were the subject of this study. A detailed general, systemic and cutaneous examination followed by relevant investigations were carried out.

Results: A total of 521 dermatoses were seen in 500 patients, with 63% males and 37% females. The most common disease category was infections and infestations (42.80%), followed by dermatitis/ papulosquamous disorders (31%). The least frequent category was genetic/ congenital disorders (4.20%). The most common diseases were scabies (17.40%) and atopic dermatitis (16%), followed by fungal infections (10.80%), viral infections (10%) and acne (9.40%).

Conclusions: In order to monitor the pattern of skin ailments in children and to understand the relationship between skin diseases and various parameters such as age, gender etc., there is a necessity for epidemiologic data. This epidemiologic data serves as a root for framing healthcare programs by healthcare professionals in primary healthcare to decrease long-term morbidity and socioeconomic brunt associated with diseases. Furthermore, this background knowledge can increase public awareness regarding sanitation, personal hygiene and nutrition of children.

Key words: Pediatric dermatoses, infections and infestations, epidemiologic data.

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INTRODUCTION

The skin is considered the human body's largest organ.[1] The average adult has 1.75 m^2 (18.5ft^2) of skin that contains a variety of complex adnexal structures, including hair follicles, nails, glands and specialised sensory structures, with vital functions such as thermoregulation, immunological function, barrier integrity, and protection from invasive microbes and ultraviolet rays.[2] Being such a large organ, it is more susceptible to various diseases. Besides the apparent dermatological disorders, skin also serves as a marker for various underlying internal diseases.

Dermatology is the field of medicine that deals with the macroscopic study of skin, adjacent mucosa (oral and genital) and cutaneous adnexa.[2] In contrast, dermatopathology deals with the microscopic study of the same structures. The two fields are closely allied, as they are complementary and requisite to one another.[2]

The pediatric age group is precious in society regarding emotional, social and clinical aspects, and the diseases are quite different from those found in adulthood. The future well-being of society depends on the healthy development of children. Because the children are still developing, they are especially vulnerable to poor living conditions such as nutrition, inadequate health care, poverty, housing and environmental pollution, compared to the adult population. Dermatologic conditions in children not only have a physical effect on health but also influence a child's psychosocial development. Children, especially adolescents, are the vulnerable age group who get extremely distressed by their appearance, which further affects their confidence and overall personality development. Skin manifestations are more than a cosmetic problem that can produce anxiety, depression and other psychological issues hindering a child's social well-being. This further deepens the need for a reliable background study on pediatric dermatoses.

The skin is immature in childhood, like any other organ and is equally prone to various pathologies.[3] The adult's skin differs from that of an infant or a newborn. The skin of the term newborn is 40-60 times thinner, less hydrated and has reduced natural moisturising factor (NMF) compared to adult skin. It is vulnerable to impaired thermoregulation, increased skin permeability,

transepidermal water loss (TEWL), dehydration, predisposition to trauma and increased percutaneous absorption of toxins.The fragile and delicate nature of the neonate's skin calls for special care in cleansing. In addition, it has been observed that the newborn's skin undergoes various structural and functional changes from birth to the first five years of life.[4]

Children may not be considered "little adults", yet, they are subjected to many of the same infectious diseases that ravage adults. Therefore, akin to veterinary medicine, a pediatric dermatologist needs keen observational skills since young children cannot give a good history. Moreover, the most common presentation of a child to a medical facility is mostly excessive crying associated with dermatological lesions. Hence patience and good observation skills are essential weapons in the arsenal of a pediatric dermatologist.

Dermatology, a speciality like other medical disciplines, has been confronted with new subdivisions, ranging from immunodermatology to pediatric dermatology. Dermatologists are now at the cutting edge of science and technology. This progress has been following the dramatic changes making the world unrecognisable from a few years ago: i.e. tremendous advances in research, unimaginable technology and now the draft of the human genome.

Pediatric dermatology is an upcoming & diverse yet intimidating field, given the depth of knowledge required to diagnose and treat these cases. Pediatric dermatology is an established subspecialty of dermatology that deals with the diagnosis, treatment, and prevention of skin diseases occurring in infancy, childhood, and adolescence.[5]

The exact origin of pediatric dermatology is not particular. Suppose one considers the publication of a book or monograph on a particular topic determines the beginning. In that case, Dendy's A Treatise on the cutaneous diseases incidental to childhood, published in 1827 in London, marks the occasion. However, pediatric dermatology was "officially born" when the first International Symposium of Pediatric Dermatology was held in Mexico City, and the International Society of Pediatric Dermatology was formed in 1972.[6] Henry Perlman (1896–1993) is considered the father of pediatric dermatology as he wrote the first modern textbook in this field.[7]

The 14th World Congress of Pediatric Dermatology was held in 2021 in the UK. In addition, there are pediatric dermatology societies worldwide. The Indian

Society for Pediatric Dermatology has existed since 1996 and has been active in holding conferences and academic programs. Its foundation, by Dr Deepak Parikh and Dr Rui Fernandez, is the most crucial landmark in India's pediatric dermatology history.[8]

A child with a skin problem usually presents first to her family physician, mostly a pediatrician. A quarter of family physician's practice is dermatological.[9] Very often, the physician is presented with a rash, which they often diagnose as an allergy and almost always treat with steroids often topical, sometimes systemic, and occasionally both, because of the lack of knowledge about various dermatological conditions prevalent in this age group.

In a recent survey with the American Academy of Pediatrics Committee on Pediatric Workforce, 81.6% of primary care pediatricians reported a lack of access to pediatric dermatologists, ranking behind only subspecialty care access to child/adolescent psychiatrists and developmental-behavioural pediatricians.[10]

Referrals to Dermatology are one of the most common subspecialty referrals made by pediatric primary care providers and were the third most common subspecialty referral, behind Ophthalmology and Orthopaedics, in a review of referral practices from an extensive network of private pediatric practices affiliated with the Children's Hospital of Boston.[11]

Pediatric dermatoses include all the skin diseases seen in infancy, childhood and adolescence. It includes both infectious and non-infectious skin conditions. Therefore, complaints related to skin are among the most common presenting complaints in the pediatric population.[5]

Dermatological disease in the pediatric population may be acute or chronic and can show recurrence. Chronic dermatoses are associated with significant morbidity and psychological impact. Dermatitic eruptions have a significant stake in the skin diseases seen in children & infants and are a fundamental cause of financial burden for people across the globe. Dealing with a child with skin conditions needs special skills as they differ in clinical presentation, treatment and prognosis compared to adult dermatosis. Hence, there is a need that the training of pediatric dermatologists and pediatricians should focus on accurate recognition, diagnosis and management of dermatological problems presenting in children. Dermatologists should also have knowledge

aboutnutritional and genetic etiologies of pediatric dermatoses.[12]

Dermatological ailments account for about 30% of primary and secondary reasons for pediatric outpatient visits, moreover 30% of all dermatological consultations involve patients of the pediatric age group.[13]

Skin disease in the pediatric population is standard worldwide and the prevalence varies worldwide. There is a variation in the pattern of skin disease in the pediatric age group from one country to another and even more so within the same country from one state to another due to climatic, cultural and socioeconomic variations. In terms of worldwide distribution, infections and infestations are common in tropical regions of many Asian and African countries, whereas eczema and dermatitis are common in western countries.[14]

The region of study, type of population studied, environmental factors, hygiene and nutritional status leads to a variation among the infective dermatoses. Similarly, seasonal and climatic changes also impact certain dermatoses, like atopic dermatitis and seborrhoeic dermatitis are more predominantly seen in winters. In contrast, papular urticaria is seen more frequently in the rainy season.

India being a developing country, there is a higher prevalence of various dermatoses in rural as compared to urban areas due to poor socioeconomic status, overcrowded families, poor personal hygiene, and lack of general awareness and education. Higher dermatological complaints due to infections and infestations in the rural areas of developing nations origins due to lack of public sanitary facilities, water supply and health facilities.

The ignorance & lack of knowledge about timely treatment of these dermatological conditions, especially among the pediatric age group in the lower socioeconomic strata, is a cause for concern since it increases the burden of the disease. Also, the prognosis & long-term quality of life is compromised in such individuals, thus hurting the economy. The incidence of skin diseases in children has been reported to be ranging from 9%-37% in various school based studies.[15] The incidence of pediatric dermatoses is showing an upward trend gradually, and we need to pay more attention to this problem. A recent study reports that dermatitis eruptions are the second most common reason for consultation in the paediatricpopulation after infections.[16]

Most children aged less than one year stay within their household, while preschool children are exposed to their neighbourhood. Thus, childhood age may be considered a surrogate marker for environmental risks.[17] In India, factors such as malnutrition, poverty, overcrowding, poor hygiene, illiteracy, and social backwardness influence the pattern of skin diseases.[18]

In order to monitor the pattern of skin problems in the children and to understand the relationship between skin diseases and various parameters such as age, gender, socioeconomic status etc; there is a necessity for epidemiologic data. The epidemiologic data also serve as a root for framing health care programs by healthcare professionals in primary health care to decrease long-term morbidity and socioeconomic brunt associated with diseases.

The primary health care practice for all, including children, requires proper evaluation of skin disorders.[19] Proper characterization of skin diseases is essential for preparing academic research and health plans.[16,20] World Health Organization also has advocated for the strengthening of the community dermatology for developing countries, while others have called for the training of health workers in the diagnosis and the management of skin disease in a workshop in 2014.[21] These efforts may help in addressing the misdiagnosis and mismanagement of these disorders.

The proxy indicator of health hygiene & personal cleanliness in a society can be taken as the prevalence of certain skin diseases in children. The incidence of skin infections can be reduced by increasing public awareness regarding sanitation, personal hygiene and nutrition of children. Here particular emphasis should be placed on educating the parents and teachers so they can imbibe the essential lifestyle modifications in the children's routine to help build a healthier tomorrow. This will lead to an improved lifestyle and help reduce the physical and psychological burden on the patient. Moreover, the country's overall health will improve, and more remarkable socioeconomic development will prevail.

AIMS AND OBJECTIVES

1. To study pattern of dermatoses in pediatrics age group

REVIEW OF LITERATURE

The skin is considered the largest organ of the human body, with a remarkable ability to renew itself constantly.[1] Skin is a dynamic, complex, integrated arrangement of cells, tissues and matrix elements that mediates diverse functions. Apart from serving as a physical permeability barrier and offering protection from infectious agents, it helps regulate body temperature, enabling sensation, providing UV protection, orchestrating wound repair and regeneration, synthesizing essential nutrients and defining outward physical appearance. These various functions of the skin are mediated by one or more of its components, the epidermis, dermis and hypodermis.[22]

It is an ideal organ to study development as it is easily accessible for observation, sampling and evaluation. During embryogenesis, this complex tissue is responsible for developing specialized structures such as hair, glands and nails. As an interface, it straddles the internal, systemic world of the individual and the external environment. Hence, it is vulnerable as well as modifiable by both these factors. It is a remarkably complex and complicated organ, with interdependence between its various parts. In other words, one must understand the nature of the dermis to thoroughly understand the changes that occur in the epidermis since the dermis significantly influences the epidermis's functions.

The skin is one of the most crucial barriers to the outside world and is constantly confronted with microbial, chemical and physical insults. Thus, one of its apparent functions is acting as a defence organ. Hence, the skin can generate an immune response, yielding the term skin-associated lymphoid tissues (SALT).[23] The mechanisms of immunity are similar in the immune system of adults & children. However, children's immune system is usually more effective and works better than the immune systems of adults, especially older adults. Moreover, children have increased susceptibility to common infections since their immune system is not as exposed as an adult's to common infections & antigens.[24] It is also noted that children with primary immune system deficiencies have an increased incidence of diseases, causing non-infectious health problems.

Two major types of immune responses have a role in skin immunity, the innate and the adaptive response. Innate immunity is non-specific and represents a more primitive defence system. It acts rapidly compared to the adaptive immune response. The adaptive immune response, also called as the classicalimmune response, has specificity and memory. Both these responses can be generated in the skin. There is also a cross-talk between the innate and adaptive immune systems, which should be considered together regarding theirfunction and efficacy.[25]

Significance of children's health

Children are crucial to the nation's present and future. Family members, especially parents are dedicated to fulfil every need and necessities of the children. They try to attain best of their potential. Nevertheless, there is a drastic variation between the communities regarding their children's collective health and the resources they make available to meet children's needs. This is mainly reflected in the health and education of their children, one of the most valuableand vital aspects of childhood.[26]

In recent years, there has been a shift in focus towards the issues that affect children and on improving their health. Children have begun to be recognized for who they are today and for their future roles as adults in creating families, powering the workforce, and building the future economy. Healthy children are more likely to become healthy adults. Therefore, there is an urgent need for the ethical, social, and economic imperative to ensure that all children are as healthy as they can be.[27] Bad habits and behaviours developed during childhood can also lead to health problems in adulthood. Good dietary and hygiene habits acquired in the early phases of development have been shown to have cumulative effects that alter adult health outcomes. Children should also be encouraged to exercise, along with explaining the benefits of it. Both positive and negative influences early in life not only have direct effects on health during childhood but also act to influence future health at each stage of development.

The future well-being of society depends on the healthy development of children. Unfortunately, children being part of a vulnerable age group, get quickly impacted by poor living conditions, such as insufficient nutrition, inadequate health care, poverty, housing and environmental pollution, compared to the adult population.

A particular emphasis on health should also be given to children from lower socio-economic strata and minority communities. Although there has been progress in decreasing morbidity and mortality of children, there is still a long road ahead in healthcare.[28]

The difference in adult and child's skin[29,30,31,32]

A few of the differences are as follows

1. The skin thickness of the child is lesser than that of an adult
2. Infant skin pH levels are higher than those of adult skin.
3. The water content of a child's skin is more than the adult's skin
4. The skin of the child has fewer glands, and the secretions are also lesser than an adult.
5. The skin of the child has a higher sensitivity to environmental allergens thanan adult.
6. The skin of the child has a higher percutaneous permeability than an adult.
7. The melanin content is less compared to adult skin.

Personal and cultural significance of skin

The skin is a vital part of every step of development. The meaning of skin, for a person, is multifaceted**.** It ranges from a broad cultural perspective to the individual's personal experience. Apart from having a role in the cultural, interpersonal and personal arenas, it is also crucial for self-esteem and identity formation so that individuals can be comfortable in their skin.[33]

Some other aspects, like subjective life experience and family environment, also have a role in the expression of skin conditions. For example, in a study of children with atopic dermatitis, increased symptom severity was correlated with increased individual stress and family discord.[34] Literature review suggests that psychological morbidity is a complex function of diagnosis, impact on appearance, family context, and subjective experience.[35] Atopic dermatitis, a

dermatological condition commonly seen in childhood, highlights the interplay of family stress and psychological symptomatology in a child.[36,37] When this condition interferes with an infant's sleep, the parent's sleep is also disturbed, and the result is often an exhausted parent and an irritable child.[38]

A dermatologist's challenge is to consider the complexity of skin and offer treatment that integrates medical and psychological perspectives.[39] The significance of skin is far beyond style or beauty. Clean, fair & transparent skin has long been used to symbolize purity. Historically skin colour has been used to justify discrimination & determine social hierarchies. Even in most religious texts, the most common way of torture in hell is through the affliction of boils on the skin.[40]

The mass media also has a vital role to play; the consumers are bombarded with loads of commercials for skin care products which reflect the current societal emphasis on appearance. Earlier, these advertisements were aimed exclusively at women, but today men as consumers represent a significant chunk of this billion-dollar beauty industry.[41]

Moreover, it has been noticed that even children & adolescents spend much money on these over-the-counter beauty products.

In a study on psoriasis patients, 88% reported that the embarrassment caused by their appearance was the worst feature of their disease.[42] Among patients, the most common concerns were that they would be viewed as infectious, stared at, or ostracized in social situations. Thus it is not surprising that the level of shame and embarrassment experienced by adolescents is even more acute.[43]

Psychosocial development in children with cutaneous disease

Pediatric dermatologists see children with cutaneous complaints in settings with large numbers of patients, short individual visits, and many weeks elapsing between appointments. According to a study, an estimated 60% of patients in a pediatric dermatology clinic are seen only once.[44] The flow of patients has to

keep moving as the clinician is under pressure to complete all patients attending the outpatient department. Unfortunately, they face unscheduled visits and restless patients and families in the waiting room. These factors are responsible for the pediatric dermatologist focusing on many skin lesions with little attention to psychosocial considerations. Clinicians should alter their approach while dealing with these future adults to pay heed to their psychological well-being.[45] Physicians must question patients directly about their inner experiences. Otherwise, the significant psychological morbidity will likely go undetected. This concept may be further stressed by a study of port-wine stain (facial nevus flammeus), where patients, when asked probing questions, only revealed their feelings of stigmatization.[46] It is not only adolescents who are susceptible to how they appear to others. Even younger children consider people with attractive appearances as more popular.[47,48]

Skin lesions that can be observed can cause stress to the person affected, especially during initial meetings with others. This was echoed in a study on children disfigured by burns, which showed that the changed appearance seriously affects their subsequent peer relationships.[49] In addition, in a large-scale multicentric survey of school-age children visiting pediatric dermatology clinics, it was seen that children who were judged to have more alteration of their appearance about their dermatological disorder were deemed to have more psychological distress when compared to others.[50]

Approach to the pediatric patient

Just like other clinical disciplines, diagnosis in dermatology is, based on three pillars: careful history, thorough examination, and various diagnostic methods.

Among them, the observation of individual lesions is of tremendous significance. Apart from the morphology of skin lesions, importance to their arrangement and distribution is needed to be given to make a diagnosis or at least allow for a differential diagnosis to be generated. There are abundant diagnostic aids: non-invasive, partially invasive and invasive, with the help of which a suspected diagnosis may be confirmed or a differential diagnosis may be excluded. However, in pediatric population, particularly in young children, doctors try to get to the diagnosis with minimum invasive methods.[51] Worldwide, children affected by various dermatological conditions are attended

by both pediatricians and dermatologists. However, because of their different training and perspective, they have different approaches to dermatologic patients. Pediatricians can often make brilliant diagnoses and proper treatments but need more dermatological background and specific training, which permits wider differentials. On the other hand, dermatologists can accurately diagnose most skin-affected children but will have difficulties with specific childhood disorders and managing dosages and performing medical procedures.[52]

Hence, for the proper and comprehensive approach and management of children with skin diseases, physicians with training and experience both in dermatology and pediatrics are needed. That is why pediatric dermatology arose enthusiastically during the late twentieth century.[53]

Pediatric dermatology is complex as it involves dealing with one of the most difficult to treat populations, i.e., children. The problem with this field is that children have special needs which must be addressed. Pediatric dermatologists are trained to be sympathetic to the attitudes of children and parents while creating a calming environment.[54]

Numerous dermatological conditions are expected at specific age intervals during childhood; there may be differences in the appearance of symptoms of these disorders and their ways of enduring them are also dissimilar depending on the type of illness, the social environment and family support. The therapeutic modality will also be markedly different regarding indications, side effects, dosage, follow-up, and outcomes. In addition, children have other problems and diseases in each period.[55]

History

The joint effort of the patient and physician is necessary for solving a medical problem. This journey begins with history-taking. However, in pediatric dermatology, the physician has to face some peculiarities. First, the history has to be obtained from the parents or other caretakers of younger children. The older the children, the more they will be able to participate in reviewing the problem, and they should be involved.[56] This also creates confidence, which is helpful for the subsequent examination. Second, the pathology is easily accessible to the eyes. The pediatric dermatologist should take advantage of this to ask more tailored questions. Hence, the skills required by the pediatric

dermatologist include asking all questions relevant to the problem and omittingirrelevant ones while considering limited time. In addition, it is prudent to keep in mind an orderly and logical framework in history-taking to avoid omissions and take a thorough history of the patient.[57]

History has two components, special history and general history. The special history focuses on the presenting complaint. In contrast, the general history gives information about other medical or personal problems that may influence current or future diseases. The more unclear or complicated the problem, the more significant the detailed history is. For instance, a complete medical history is insignificant in a schoolboy with a single finger wart. In contrast, a detailed history is essential in an adolescent with systemic lupus erythematosus. Hence,the aim of the history is not only to arrive at a precise or suspected diagnosis but also to evaluate causative or worsening factors.

A complete clinical history is a tool of the utmost importance for proper diagnosis and management. It is estimated that a skilled pediatric dermatologist can correctly diagnose and manage more than 80% of patients based only on medical history and clinical examination; less than 20% will need further examinations like skin biopsy or imaging.[58] Below we discuss ten essential questions that can be used as an aid to diagnose dermatological cases.[59]

Special History

When, where and how did it start?

Has it occurred anywhere else?

How does it behave?

What affects it?

Does it itch, hurt, burn, or anything else?

General History

Do you/does your child suffer from any symptoms not related to the skin?

Have you/has your child been ill recently or previously?

Have you/has your child been treated topically or systemically, and if so, how?

Are there or have there been similar problems in other family members?

What are your thoughts about the cause of the problem?

Examination

Performing not only a dermatological examination but a general examination is extremely important. Apart from the dermatological examination, the general status of the child, temperature, skull and fontanelle palpation, complete lymph node and abdominal examination, as well as numerous other signs, help diagnose dermatoses that are a sign of internal diseases. In addition, attention to weight and height gain is crucial to evaluate general development, especially in young children. Careful attention must be paid to developmental milestones in young children, and signs such as decreased reflexes, mild spasticity or hypotonia should alert the dermatologist. Pain is very hard to identify in infants, but it manifests as irritability and endless crying. Any mood changes in young children, as reported by their parents, helps in predicting any severe illness.[60] The examination room should be in a well-lit room with natural light best. Additional lighting can be obtained with examination lamps and magnifying skin lesions with hand-held magnifying glasses. The first step in a dermatological examination is to inspect the skin lesions from a distance to gain a preliminary impression of the pattern of involvement. The subsequent close examination focuses on analysing the type and morphology of primary and secondary skin lesions, their arrangement, and involved sites. Afterwards, the distribution of the lesions has to be assessed. For this purpose, the entire skin surface should be examined; infants and toddlers should be fully undressed, including removal of the diapers, whereas older children may keep their underwear on, except for inspection of the genito-anal area.[58]

An orderly sequence should be followed while performing the examination; it should include the scalp, scalp hair, eyebrows and eyelashes, nails, adjacent mucous membranes, and teeth, as well as the palpation of the cervical, axillary and inguinal lymph nodes. The latter is significant if acute infections, chronic inflammations, and malignant conditions are suspected.

The examination mainly depends on the age of the child. For example, special precautions must be followed when examining newborn infants in hospital nurseries. Examination of toddlers and preschool children may be facilitated by distracting them with small toys, keeping them seated on the parent's lap, or promising a reward.[56] In contrast, many adolescents will prefer to be examined

in the absence of their parents.

Factors influencing dermatological disorders in children are as follows.

Dermatological disorders result from one or a combination of the following[61,62,63]

1. ***The immunity status of the child:-*** Due to first-time exposure of a child to numerous pathogens, they are more susceptible to diseases than adults because the child's skin defers from the adult's skin in various ways.
2. ***Exposure to unhygienic conditions:*** Children, due to their active lifestyle and being socially dynamic by having to go to playing zones like the play areas, amusement parks and playing with pets, are more prone to various skin and systemic diseases, for instance, tinea corporis, scabies and others.
3. ***Exposure to Contact allergens and ingestion of non-nutritional substances:*** Children, specifically toddlers, explore the world by putting everything in their mouths & some of them develop pica & ingestion of other non-nutritive substances, which may make them more prone to contact dermatitis and other infections.
4. ***Exposure to social areas prone to infectious diseases:*** Children, due to the virtue of their immature immune systems, when exposed to other children with a contagious pathology, develop the same illness, sometimes even in an endemic manner, for example, the spread of varicella zoster in the classroom.
5. **Special needs children, those with Intellectual disability or Mental Illness:** Children with mental or special needs are at a higher risk for dermatological disorders due to neurocutaneous ailments and infectious etiologies. These children are often neglected, exposing them to various infections with late presentations. The dermatological manifestations are the least of their parent's concerns since so many other pathologies take precedence over them, leading to further neglect and poorer prognosis.

The burden of the problem

An analysis of the prevalence of skin diseases among children in Bankura and its neighbourhood was conducted by Koley et al. All patients below the age of 14 years who attended the Bankura Sammilani Medical College Hospital Skin Outpatients' Department for the one-year-period from December 1972 to November 1973 were included in this study. This study was carried out among a predominantly rural population. It thus reflected rural health in the western part of West Bengal, and a high incidence of skin diseases among children was noted. The unusually high incidence of pyoderma and parasitosis indicates thelack of personal hygiene and education.[64]

Porter et al. studied 444 children younger than five years old in three widely distributed villages in Punjab, Pakistan, in 1980. They were examined for skin diseases. Approximately 29% of the children had an infectious skin disease, with pyoderma the predominant diagnostic category. The study concluded that in rural areas of underdeveloped countries, bacterial infections are the most common.[65]

In a study conducted by Nanda et al. in Kuwait, new patients attending the Pediatric Dermatology Clinic**,** Asad Al-Hammad Dermatology Center, from July 1992 to June 1996, were recorded for study and a total of 162 dermatoses were recorded. Atopic dermatitis was the most prevalent dermatosis (31.3%), followed by viral warts (13.1%) and alopecia areata (6.7%).[66]

In a retrospective study done by Sardana et al. at the Kalawati Saran Children's Hospital, New Delhi, during 1997-2003. There are 30,078 children less than 12 years of age, with 32,341 new dermatoses. The highest incidence of dermatoses was seen in the 1- to 5-year age group (44.94%). The most common dermatoses noted were infections and infestation (47.15%), in which bacterial infections were more common (58.09%) and scabies (21.54%), followed by eczemas (26.95%).[16]

Three hundred pediatric cases ranging from the first day of life to 17 years of age were analyzed by Sayal et al. in 1998 for the pattern of skin disorders. School-going children comprised the majority (41.3%) of cases, followed by preschool children (32%). Infections developed the commonest disorder (31%), followed by eczemas (24%), papulosquamous conditions (12%), infestation

(8.6%) and urticaria (5.3%), while vitiligo, acne vulgaris, alopecia areata and genodermatoses were seen in 2.7% cases each.[67]

Karthikeyan et al. conducted a study between May 2001 and June 2002 to determine the pattern of dermatoses in children in south India, including 2100 children (males -995; females- 1105) with 2144 dermatoses recorded. Infections and infestations were the most common dermatomal conditions (54.5%) followed by dermatitis and eczema (8.6%), pigmentary disorders (5.7%), insect bite reaction (5.27%), hair and nail disorders (5.2%),miliaria (4.1%), nutritional deficiency disorders (2.8%), urticaria (2.5%), genetic disorders(2.1%), psoriasis (1.4%), collagen vascular disorders (0.5%), hemangiomas (0.5%), drug eruptions (0.3%), pityriasis rosea (0.2%) and others (5.8%) . Pyodermas were the most common dermatoses (47.13%), followed by scabies (30.6%) amongst infections and infestations.[68]

In a prospective study by Jawade et al. in pediatric patients attending the Dermatology OPD of New Civil Hospital, Surat (NCHS) Gujarat, over 12 months from June 2009 to June 2010., it was noted most of the skin diseases were seen in the preschool age group (46.32%), followed by schoolgoing children (33%) and neonates (12.83%).In neonates, the most common dermatoses were transient (physiological) and constituted 39.69%. Meanwhile, in the> 1 month to 14 years age group, the most common dermatoses found in their study were infectious disorders that were 56.40% of the study population.[69]

A study was conducted by Sacchidanand et al. at Medical College Hospital, Bangalore, during the period Jan 2011- June 2011. A total of 1,090 new cases (boys 589; girls 501) with 1,118 dermatoses were recorded during this period. Twenty-eight children had more than one dermatoses. Most of the disorders were seen between the 5 and 11 y age group. The most common dermatoses were infections and infestations (32.47 %), followed by eczematous eruptions and dermatitis (20.66 %), papulosquamous and related disorders (6.08 %) and pigmentary disorders (5.81 %). Insect bite reactions and papular urticaria formed 5.1 %. Acne was seen in 5.28 % of children, followed by urticaria (3.67 %), photodermatoses 2.5 % and genetic disorders (3.04 %).[70]

In a study conducted by Balai et al. in 2012 in 1000 children aged up to five years attending the Dermatology outpatient of RNT Medical College and MB Government Hospital, Udaipur. In their study, they noted that the majority (417; 40.60%) of dermatoses belonged to the infections and infestations group, followed by eczemas (358; 34.86%) and hypersensitivity (105; 10.22%) groups. Of the infection and infestation group, bacterial infection (141; 13.72%) was the most common entity followed by scabies (107; 10.42%), fungal (67; 6.52%), and viral infection (35; 3.40%).[71]

In a cross-sectional study conducted by Hassan et al. in Government Medical College Srinagar, Jammu and Kashmir, children aged up to 16 years from December 2012 to July 2013. A total of 1079 patients were examined; preschool children comprised 35.5%, followed by infants (33.2%), school children (19%), and adolescents (12.3%). Most dermatomal conditions were due to infections and infestations (317, 29.4%), followed by pigmentary disorders (154, 14.4%) and eczemas (129, 12%). Among the infections, viral followed by fungal, bacterial, parasitic, and mycobacterial were prevalent. Pityriasis alba was the most common type of eczema. In Pigmentary disorders, Mongolian spot was the most common (71.9%). Among other pigmentary conditions, vitiligo accounted for 42% of cases, followed by nevus anemicus, ephelides, lichen striatus, and melasma. In the hypersensitivity disorder, papular urticaria, which constituted 8.9% of all dermatoses, was predominantly seen in preschool children.[72]

In a prospective study conducted by Bisht et al. during the time frame 06 September 2013 to 05 September 2014 in the Pediatric Dermatology Clinic of the Department of DVL in a Tertiary Care Facility in Uttarakhand (SGRRIM and HS and Associated Shri Mahant Indiresh Hospital, Dehradun), a total of 721 infants and toddlers were studied. The most common form of dermatoses in this age group in this study was infectious, and infestations in origin constituted 36.46% of all cases. Infectious dermatoses were aetiology in 195 (27.04%), and parasitic infestations included 68 (9.42%) cases. Of all infectious cases, 9.57% were of viral aetiology, 9.01% fungal and 8.46% bacterial aetiology. Among viral infections, hand-foot-mouth disease (HFMD) was the most common viral infection in 32 cases (46.37% of viral dermatoses) in this study.[73]

In a prospective study by Patel et al., at the dermatology OPD of tertiary care

hospital in Ahmedabad, from January 2014 to December 2015. 3560 pediatric patients up to the age of 14 years were included in the study. Out of 3560 study group population, there was 57.35% male and the rest female. The highest numbers of patients were in the age group of > 10 to 14 years (41.04%). Majority of patients presented with infections and infestations (52.6%), out of which scabies and pediculosis (19.46%) was the most common disease, followed by bacterial infections (14.07%), miliaria and periporitis (12.55%).[74]

Gunjan et al. conducted a prospective, observational, single-centre study on the patients attending paediatric OPD at GMERS Medical College, Gandhinagar. All the children between one month to 16 years of age and of any gender who presented with any dermatoses to the outpatient department between March 2016 to July 2016 were included in the study. Their research noted that infections were more common dermatoses in pediatric age group (69.40%) patients than non-infective dermatoses (30.60%). Overall, bacterial infection (36.80%) was more prevalent as compared to viral infection (17.40%), parasitic infection (10.20%) and fungal infection (5.00%).[61]

A prospective study was performed by Awal et al. on infants and preschool children (up to five years of age) in 2016 with dermatological ailments attending the outpatient department of a tertiary care hospital to find out the pattern and incidence of various skin disorders. Out of 1000 children, 41.1% had infective dermatoses, which included bacterial, viral, fungal and parasitic infections, while the remaining 58.9% had a non-infective variety of dermatoses. Bacterial infections (14.5%) were predominant, followed by parasitic infections (10.9%). Eczematous skin disorders were the following common entity after infections seen in 35.1% of children, followed by the allergic disorders seen in 5.9% of children.[75]

In a study conducted by Poudya et al. in 2016 in the department of dermatology at Universal College of Medical Sciences-Teaching Hospital (UCMS-TH), a tertiary care referral hospital situated in the Rupandehi District of the western region of Nepal. The three most common dermatoses were fungal infections (18.5%), eczema (14.4%), and acne (10.1%). The most frequently presenting age group was young teens and teenagers (61.3%). Eczema was most commonly given as dermatosis, followed by scabies in infants, toddlers, and preschoolers. In middle childhood, the commonest dermatoses were eczema,

followed by a fungal infection, whereas fungal infection was commonest, followed by acne in young teens and teenagers.[76]

In a study by Shah et al. conducted in Srinagar, Jammu & Kashmir in 2017, three hundred neonates with cutaneous manifestation who presented to outpatient clinics of dermatology and pediatrics and those admitted to the neonatal ward were included. Out of 300 cases, 179 (59.7%) were male babies, 121 (140.3%) were female (sex ratio 1:5), 271 (70.3%) were term babies, 27 (9%) were preterm, and 2 (0.7%) were post-term. Transient/non-infective cutaneous lesions were the commonest 144 (48%), followed by Infectious 68 (22.67%), eczematous disorder 33 (11%) and pigmentary dermatoses 25 (8.33). Vascular lesions and hematomas accounted for 18 (6%), while genodermatoses were seen 7 (2.33%). 5 cases of subcutaneous fat disorders were observed.[77]

In a cross-sectional observational study by Verma et al. conducted in the department of dermatology, venereology and leprosy, R. D. Gardi Medical College Ujjain, over one year in 2017, a total of 160 cases with ages 0-15 years were taken. Out of all the subjects recruited, 53.1% were males and 46.9% were females, with a M:F ratio1.13:1. The maximum number of patients were in the age group of 7-9 years (26.9%), with infections and infestations being the most common dermatoses (48.8%) followed by dermatitis and eczemas (15.5%), papulosquamous disorder (8.8%), pigmentary disorders (6.9%), keratinization disorders (4.4%), urticaria (3.1%), nevoid disorders (3.1%), miliaria (1.9%), vascular malformations (1.9%) and others (3.8%).[78]

Here below are a few common diseases of the pediatric population that were also common in our study**.**

ATOPIC DERMATITIS

The term *eczema* is derived from ancient Greek and means "boiling over". The nonspecific term "*dermatitis"* denotes an inflammatory skin condition represented by scaling, immediate erythema, exudates, excoriation and lichenification changes. Diverse forms of dermatitis have been described; nevertheless, in practical usage, many clinicians employ the term *eczema* to refer to atopic dermatitis.

AD or atopic eczema is a relapsing, inflammatory skin condition associated with pruritus. It is the most common chronic inflammatory skin disease.[79,80,81] A child with moderate to severe atopic dermatitis may have a 50% risk of developing asthma and 75% risk of developing hay fever.[82] The prevalence ofAD among school-age children in developed countries is approximately 15–20% making it one of the most common skin conditions.[83,84,85,86] The initial signs of AD are generally observed within the first year of life; by five years of age, 95% of those with AD will have shown clinical signs of the disease.[87] Approximately 60% of children will experience remission of their AD by five years of age, and by adolescence, some 50–70% of children will have seen remission of their disease.[88,89]

AD is a disease that is influenced by both intrinsic and extrinsic factors. The factors that have contributed to the disease and that act as points of the triggerare as follows:

1. Genetic tendencies: One-third to two-thirds of patients with AD have a single or double parental history of atopy, and this proportion becomes higher when siblings are included.[90] The concordance rate for monozygotic twins is around 82%, whereas it is 18% for dizygotic twins.[91] One of the most widely replicated susceptibility genes for AD is the filaggrin (FLG) gene.[92,93] The most frequent gene abnormality involves two null mutations in the filaggrin gene on chromosome1q21.87.[94,95]

Immune dysfunction: In acute AD, T-cell-mediated Th2 response has been noted in which Th2-related cytokines such as interleukin (IL)-4, IL-5, and IL-13 predominate. In contrast, chronic AD is characterized by Th1-related responses involving IL-12 and interferon-γ.[96] A rise in immunoglobulin (Ig) E has also been implicated in children suffering from AD.[94]

2. Barrier dysfunction: It is one of the critical elements in the pathogenesis of AD. Healthy skin acts as a barrier in the human body again harmful environmental factors (irritants, allergens & bacteria) and transepidermal water loss. In addition, the currently available theories state that this genetically compromised barrier allows the penetration of ecological factors, leading to immune dysregulation.[97]

3. Behavioral and Psychosocial Factors: Those with eczemas, when they are under stressful situations in life, tend to scratch, which with time, becomes habitual and then becomes an automatic reflex.[98]

CLINICAL FEATURES: three distinct clinical phases of AD were characterized by Hill and Sulzberger on the site and the morphology of the lesions that change with age.[99] The infantile phase occurs up to 2 years of age; the childhood phase from age 2 to puberty; and the adult phase from puberty onward.

Infantile phase: It starts on the cheeks and scalp, but the involvement of the forehead, ears, and neck in a balaclava-like pattern is also prominent.[100] The lateral aspects of the extensor surfaces of the lower legs and the flexural creases are often seen as early development.[101] In sparing the diaper area, the whole body can be involved.

The main feature is usually symmetric lesions, which are ill-defined, scaly, erythematous patches with or without small areas of crusting. Generalized xerosis, including dry hair and scalp, is also a well-documented feature.

Childhood phase: In the childhood phase, the flexural areas are the sites of predilection, Such as the antecubital, popliteal fossae with the neck, flexures of the wrists and ankles.[101]

Adult phase: once again, the face and neck are affected with a more diffuse scaling and erythema but with less exudation than the childhood phase. Xerosis and lichenification are still prominent features.[101]

Treatment options for mild and moderate disease include oral antihistamines, emollients and modification of the skin care practices. Topical corticosteroids, topical calcineurin inhibitors, topical barrier repair devices and antibiotics for secondary infection should also be added when needed. Immunosuppressive agents, including cyclosporine, methotrexate, mycophenolate mofetil, azathioprine, and interferon-γ, have demonstrated various degrees of efficacy in the management of severe AD.[102]

Recent advances in the form of biological agents such as efalizumab, etanercept, and omalizumab have also been tried.

PITYRIASIS ALBA

Pityriasis means skin scaling, and alba means white.[103] Pityriasis Alba (PA) is a widespread dermatological illness in children. PA are the hypopigmented patches on the cheeks, upper arms, and upper trunk seen in children who are mainly 6–14 years old.[104,105] The lesions are ill-defined, white, and sometimes scaly patches, often confused with tinea corporis or versicolor. The lesions are more commonly visible in dark complexion children or after summer months when the skin is frequently tanned. It represents subclinical dermatitis, resulting in post-inflammatory hypopigmentation.[106] It is seen very commonly in patients with AD. Repigmentation takes several weeks and might take longer in the skin of color, which can be a cosmetic problem. Treatment options like low-potency topical steroids and topical immunomodulators (tacrolimus and pimecrolimus) are the mainstays of therapy. Frequent application of emollients and avoidance of harsh soaps may also be helpful.

NUMMULAR DERMATITIS

'Nummular' implies 'coin-shaped'. The term very well describes the morphology of the lesion, i.e. well, defined, disc-shaped plaques with erythema, scaling, and lichenification.

In children, the aetiology is usually unknown, and lesions begin as exudative and pruritic follicular papules that coalesce to form plaque. It most commonly occurs on the extremities, particularly the legs, but may occur anywhere on the trunk, hands, or feet.[107] They may occur independently or in association with AD. They have to be differentiated from contact dermatitis and tinea corporis.

Therapeutic options for AD can also be applied to nummular dermatitis. However, lesions of nummular eczema are less responsive to low-potency topical steroids than AD and often require more potent topical agents.

SEBORRHEIC DERMATITIS

First described by Unna in 1887, seborrhea means the flow of "sebum", which is a misnomer as no evidence of increased sebum production is usually seen with this eruption in infants.[108] SD is a disease of unknown aetiology affecting infants above the age of 3 weeks. It is a papulosquamous disorder affecting

both sexes but has a male preponderance.[109,110,111] The first area involved is the scalp, with lesions that are erythematous patches with greasy yellow or white scales. There may be further involvement of the face in places like the hairline and eyebrows. In the diaper area, well-demarcated erythematous plaques are covered with white scales. Mostly the condition remains confined to the scalp and diaper areas, but in certain infants, it may spread to involve other flexural creases, the axillae, retro-auricular area, and neck. Due to the high moisture content, these areas may become macerated, crusted, and superinfected with *Candida albicans*. Malassezia furfur, a type of yeast, is a triggering agent leading to inflammation and hyperproliferation of the epidermis.[112,113,114] Seborrheic dermatitis involves the eyes and face. It is termed 'corona seborrheica'. When both lesions of psoriasis and seborrheic dermatitis exist, it is referred to as seborrheic psoriasis.[115]

A topical anti-inflammatory agent or a topical antifungal medication can be helpful for the treatment of SD. Depending upon the anatomic site, these agents can be delivered in various vehicles, including shampoos and solutions for hair- bearing areas. At the same time, creams, lotions, ointments, and gels are preferred for other sites. However, recurrence can be very troublesome.

MILIARIA

Miliaria is a skin condition characterised by obstruction of the eccrine duct, which results in the rupture of the ducts and backflow of eccrine sweat into the dermis or epidermis.[116] The level of obstruction determines the clinical manifestations and helps in further classification. It can be seen in up to 15% of neonates, occurring more commonly in warm climates, nurseries without air-conditioning and febrile infants.[117,118]

Based on the level of sweat duct involvement, there are three types of prickly heat disease. They are as follows

· Miliaria Crystallina

· Miliaria Rubra

· Miliaria Profunda

Miliaria crystallina: It is the most common type of miliaria seen commonly in the newborn period. It is characterised by fragile, 1–2 mm clear, non-inflammatory superficial vesicles without surrounding inflammation. These

vesicles resemble water droplets on leaves and get ruptured by slight pressure.[119] It is more common in the first week of life, with few reports of congenital lesions.[120,121,122]

Miliaria rubra: It is due to sweat duct obstruction at the intraepidermal level. The erythema associated with the papules and vesicles is due to a secondary local inflammatory response. Lesions are 1–3 mm erythematous non-follicular papules, vesicles or pustules, affecting sites like the face, neck, and trunk like the face, neck, and trunk. It usually occurs during the second week of life.

Miliaria profunda: It occurs due to eccrine duct obstruction at the dermo-epidermal junction. It is rarely seen in neonates. It mainly presents as a non-erythematous papulopustular eruption, most prominent on the trunk and extremities.

By eliminating the factors that precipitated this condition, i.e. hot and humid environment, this condition can be resolved very quickly. Hence unbundling the baby can help. In cases where the infants are symptomatic, topical antibiotics such as erythromycin or clindamycin can be considered.

CONTACT DERMATITIS

Contact dermatitis (CD) is a disease that is equally prevalent in children and adults.[123]

Contact dermatitis is defined as an adverse cutaneous reaction resulting from an exogenous agent's contact with the surface of the skin or mucous membrane.[124]

The types commonly seen in children are[125]

1. Allergic contact dermatitis (ACD)
2. Irritant contact dermatitis (ICD)

Current data suggest that ACD accounts for as much as 20% of all dermatitis in childhood.[126]

Irritant contact dermatitis: It accounts for approximately 80% of all contact dermatitis cases.[127] It occurs after contact with a chemical that abrades, irritates or damages the skin, which leads to direct injury to the skin cells.

Damage to the keratinocytes induces inflammation. This reaction does not activate an immune cascade. Thus no prior sensitization is required for this type of response to occur.[128] The concentration of the irritating substance and the duration of the exposure have a significant role in affecting this reaction.[129] It presents clinically as a patch of erythema, corresponding to the area of exposure. Generally, burning and pain are more common than pruritus. In cases where there is prolonged or substantial exposure, blistering and erosion may occur.

Allergic contact dermatitis (ACD): It is a T-cell mediated, type IV, delayed hypersensitivity reaction that results from exposure and subsequent sensitization to an environmental chemical. It accounts for approximately 20% of new incident cases of contacts dermatitis.[128] The symptom of pruritus characterizes ACD, and clinically it presents with erythema, edema and, in severe cases papulo- vesiculation, usually in the distribution of the contact.[130] An essential step in treating this condition is identifying and avoiding the contact agent in contact dermatitis.[131] Topical steroids of appropriate potency used but may cause side effects.[132,133,134] In more severe cases, oral steroids can be considered for symptomatic relief of contact dermatitis. In addition, in sensitive areas such as the eyelids or genitals, topical calcineurin inhibitors can be helpful.[135,136] In cases where the etiologic agent can be identified and exposure discontinued, contact dermatitis treatment typically leads to the resolution of the rash within 1–4 weeks, depending on the severity.

DIAPER RASH

The terms ‘diaper dermatitis’, ‘napkin dermatitis’, ‘nappy rash’, and ‘diaper rash’ are the synonyms used to describe the skin conditions occurring under the diaper. They are among the most common skin conditions seen in infancy, seen in about 50% of infants, and constituting about 25% of visits to primary care physicians related to dermatologic complaints in the first year of life.[137] Most diaper rashes are a direct consequence of wearing diapers and are referred to as irritant diaper dermatitis. Rarely, the diapers may cause true allergic contact dermatitis. Systemic antibiotic therapy with amoxicillin is a known risk factor for developing diaper dermatitis, suggesting a provocative role for *C. albicans* in diaper dermatitis.[138] Young children are particularly prone

to *Candida* infection, with 3% of infants affected from the second to the fourth month.[139] It is necessary to promptly identify diaper dermatitis as it may have secondary effects like maceration and infection.[140] The areas that come directly with the diaper are subjected to constant friction. In cases of mild diaper dermatitis, there is mild erythema and scaling on the convex surface of the buttocks, thighs and lower abdomen with the sparing of the skin folds. There is deep erythema with a glistening appearance in the moderate to severe variety. Further, the infant may develop papules, plaques and nodules, which may get eroded, ulcerated or get secondary infections.[141]

Normally functioning skin barrier must be maintained by wiping urine and stool away from the skin and body folds.[142] Cleansing products must maintain normal skin pH and skin flora. Emollients with good barrier properties must be applied after cleansing as they help to decrease friction, prevent over-hydration, and provide protection from stool, urine, other irritants and microorganisms. Topical antibiotics and topical mild-potency corticosteroids can also be used for treatment.[143]

PSORIASIS VULGARIS

The first description of psoriasis was given by Robert Willian, an English physician, in 1808.[144] It is a commonly seen papulosquamous disorder with a prevalence of approximately 4% of all dermatoses seen in patients under the age of 16 years.[145]

It is characterised by well-defined, indurated, erythematous plaques surmounted by silvery-white scales. Although the scalp and extensors, like elbows and knees, are the most commonly affected sites, psoriasis can present on other body parts, including the flexural areas and palmoplantar skin.[146,147]

Less common morphologic variants are pustular psoriasis and erythrodermic psoriasis. In addition, various nail plate, nail bed changes, and inflammatory arthritis (psoriatic arthritis) can accompany psoriasis. An anatomical link between the nail and the joints has been identified, hence a link between psoriasis of the nail and joint inflammation was proposed.[148,149]

Guttate psoriasis: It is a common disease in childhood. It is characterised by a sudden eruption of pinkish-red, drop-like scaly papules and plaque on the

trunk, extremities, face, and scalp, usually after an episode of sore throat.[150] The agent identified in this form of psoriasis is group A beta-hemolytic streptococcus.[151] Perianal streptococcal disease should also be considered as a source and cultured in suspected cases. In some instances, treatment of streptococcus may lead to clinical improvement of psoriasis.

Pustular Psoriasis: This form of psoriasis occurs less commonly in children.[152,153] Annular pustular psoriasis is the most common presentation seen in children. Boys are more frequently affected by this disease than girls.[152,154] The onset is typically abrupt and dramatic, accompanied by fever and malaise. Spontaneous remission occurs commonly, but recurrences are common as well.

The first-line agents in treating most cases of psoriasis in children are topical corticosteroids.[155] A medium to ultrahigh-potency topical steroid is generally adequate for localised lesions. However, the use must be limited to 2 weeks or a weekday-only regimen to avoid the risk of striae formation and atrophy. Intralesional steroid injections may be beneficial for select patients with little recalcitrant plaque. Triamcinolone injected into the proximal nail bed can benefit psoriatic nail involvement. Vitamin D3 analogue preparations available as a cream and solution are also helpful as monotherapy or adjunctive therapy.[156] Tacrolimus ointment or pimecrolimus creams are also treatment options. Most psoriasis responds well to ultraviolet light; hence natural sunlight can be used to the child's advantage during the summer months. Ultraviolet B (UVB) or narrow-band UVB treatment is often employed in older children with extensive psoriasis[157,158]. Systemic therapy in the form of methotrexate, cyclosporine, and acitretin has all been used for childhood psoriasis.

LICHEN PLANUS

The name lichen planus was first proposed by Wilson in 1869.[159] This papulosquamous disorder is uncommon in the pediatric age group.[160] The typical lesion of the disease consists of violaceous, plane-topped papules ranging in size from 3 to 10 mm.[161] The classical locations are the wrist and instep of the foot, but the legs, low back, face, and genitalia are other predilection sites.[162,163] A white reticulated network, called Wickham's striae,

may be seen with magnification. Itching is a common symptom which can be of severe intensity in certain patients. Papules can also develop at trauma sites, representing the Koebner phenomenon.[164,165,166] Asymptomatic buccal mucosa involvement often accompanies the cutaneous lesions. The morphologic variants of cutaneous LP seen in pediatric patients are linear, hypertrophic, annular, follicular, erosive, actinic, and bullous. Linear LP is the most common variant seen in children. Most children respond to treatment and there is clearance of lesions within 1-6 months.[167] A skin biopsy may be needed in some instances to differentiate it from other papulosquamous disorders.

Topical corticosteroids, along with oral antihistamines, are the mainstay of treatment.[168] In severe and extensive cases, a systemic course of prednisone can also be tried.[169]

VITILIGO

Vitiligo is a chronic, acquired, autoimmune disorder of depigmentation, occurring due to the progressive immunologic destruction of epidermal melanocytes.[170] About 50% of cases have onset before 20 years of age and, in 25% of the cases, it starts before the age of 10 years.[171,172] All races are equally affected by this disease. The lesions are stark white macules and patches with various geographic shapes. Sometimes, there will be an intermediate zone of hypopigmentation around the lesions, called trichrome vitiligo. The most common type of pattern is the generalised form, where the patches occur symmetrically on exposed areas such as the face, neck, and hands.[173] Other common locations include skin folds and bony prominences such as the knees and elbows.

When repigmentation occurs, islands of follicular repigmentation or darkening along the marginal areas are often the first change to be noted. White hairs, i.e. poliosis, may be seen within the patches and may even involve eyebrows and lashes. New lesions may appear at the site of trauma, called the Koebner phenomenon. The other variants of vitiligo include

1. Segmental vitiligo occurs when unilateral and asymmetric patches have a seemingly dermatomal distribution.

2. acrofacial facial vitiligo is characterised by periocular and perioral involvement.

3. The mucosal and universal (total body) vitiligo are rare variants.

Halo nevi, i.e. melanocytic nevi with a rim of depigmentation, are often seen in patients with vitiligo.[174] The finding of a halo nevus should prompt a dermatologist for a thorough examination for vitiligo in other areas. It might be associated with other autoimmune conditions, so the evaluation should include investigations of thyroid disease, juvenile diabetes, connective tissue disease, pernicious anaemia, myasthenia gravis, and ulcerative colitis.[175]

Topical anti-inflammatory agents are the mainstream treatment. Topical corticosteroids are used, but side effects like skin atrophy should be avoided.[176] Topical calcineurin inhibitors like tacrolimus can be used as monotherapy or adjuvant to topical corticosteroids.[177] Psoralen (topically or orally) plus UVA (PUVA) has been replaced by narrow-band UVB therapy for moderate to severe vitiligo. In cases of extensive vitiligo, depigmentation of normal skin is a radical and permanent approach to normalising appearance. In this, high concentrations of hydroquinone are used to bleach natural skin to match it with the vitiliginous skin.[178]

PAPULAR URTICARIA

A delayed hypersensitivity reaction occurs after mosquitoes, black flies, bedbugs and other biting insects.[179] The lesion consists of erythematous, edematous papules surrounding a punctum. This type of wheal reaction occurs after the degranulation of mast cells after the insect bite, which further leads to the release of histamine that provokes pruritus. It commonly occurs on the exposed body parts like legs, arms and face. They usually settle down within 10-14 days, but in children who are chronic pickers, this reaction may last for many months.[180]

Antihistamines are the mainstay of therapy, with diphenhydramine or hydroxyzine usage up to 4 times a day being most effective. It can be treated with class 1 or 2 topical steroids.[181] Prevention with appropriately dosed *N, N*- diethyl-meta-toluamide (DEET) containing repellents and environmental controlis essential.

INFANTILE HEMANGIOMA

Infantile Hemangioma (IH), a.k.a. capillary hemangioma, are benign vascular tumours composed of vascular endothelial cells. Hemangiomas can be seen in 1.1% to 2.6% of term neonates, and their frequency is estimated to be as high as 10% to 12% within the first year of life.[182,183] At birth the majority manifest as only faint, blanchable, erythematous macules within a few weeks after birth which further begin to develop into prominent lesions. The prevalence of hemangioma is more in females compared to males.[184] The risk factors of IH include low birth weight, multiple gestations, advanced maternal age (more than 30 years of age), pre-eclampsia, and placental abnormalities, such as placenta previa or abruption.[185,186] Majority of the lesions in the initial stage present as telangiectasia. The superficial hemangiomas are seen as a well-defined erythematous plaque or nodule usually present on the top of normal skin.

In contrast, the deep hemangioma is an area of the raised flesh-coloured nodule with an overlying bluish hue or telangiectasia. These lesions tend to proliferate during the early infancy that lasts up to one and a half years of age. Approximately 50% of IH have involuted by 5 years of age; 70% by 7 years, and 90% by 9 years.[187] Hemangiomas may be prone to complications like secondary infections, ulcerations and bleeding.[188]

Spontaneous resolution occurs in most cases, but corticosteroids possessing potent antiangiogenic activity are beneficial for treating rapidly proliferating hemangiomas occurring in critical anatomic areas. Oral corticosteroids, typically given as oral prednisolone or intravenous methylprednisolone, are often used to manage the periocular, airway, or nasal tip hemangiomas to decrease the proliferation rate and to prevent complications associated with their notorious location.[189]

SCABIES

Scabies is a highly itchy dermatosis caused by the mite *Sarcoptes scabiei* var. *Hominis*.[190] It affects an estimated 300 million people around the world every year.[191] This infestation can occur in all age groups but is found most commonly in children. The hallmark of scabies is an incessant, severe itch, especially at night time. The hands, particularly the interdigital spaces, wrists, axillae, abdomen, genitals, and female breasts, are typically involved. In

infants, involvement of the palms, soles and scalp is also a prominent feature. It is a highly contagious disease that spreads from one person to another by direct skin contact.[192]

Moreover, linens from an infected person also act as a source of infection. This infestation presents with lesions like papules, vesicles, nodules and pustules.[193] The classic lesion of scabies is the burrow which is a serpiginous microvesicle with a tiny black dot at the tip seen with magnification. The burrow is usually hard to find but is numerous in infants and those previously treated with topical steroids.

Nodular scabies: It represents hypersensitivity to the scabies mite and consists of red-brown edematous papules and nodules of size 5-20mm n the penis, scrotum, axillae, waist, and buttocks.[194]

Norwegian scabies: It is also called crusted scabies, occurs in immunosuppressed, institutionalised or elderly individuals and is characterised by infestation with millions of mites.[195] The dominating picture of this condition is thick, ichthyotic crusting, especially of the hands. Pruritus is surprisingly scanty in this variant.

Permethrin, a 5% cream, is the treatment of choice.[196] All family members and close contacts should be treated even if not symptomatic. A single overnight application from the neck downward, followed by washing night linens and bedclothes in hot water, has a high cure rate when performed wholly and thoroughly. Lindane lotion, solutions of precipitated sulfur, crotamiton, and benzyl benzoate offer a cure rate similar to permethrin.

IMPETIGO

Impetigo is derived from the Latin word Impetere; when translated means “To attack”.[103] It is a highly contagious, superficial infection caused by *Staph. aureus, Strep. pyogenes,* or both. It is the most common bacterial skin infection in children and accounts for 1–2% of all visits to paediatricians.[197,198,199] Basedon the clinical morphology, the disease can be divided into bullous and non- bullous forms.

Non-bullous impetigo accounts for more than 70% of cases of impetigo, occurring more commonly in areas of warm and humid climates.[200] *Staph. aureus* has been the predominant organism of non-bullous since the early 1980s. Lesions tend to occur at sites of minor trauma, such as varicella lesions, insect bites, abrasions, lacerations, and burns. They usually occur on exposed areas of the body, most frequently on the face and extremities. They are well-localised lesions that begin as papules, vesicles or pustules that soon develop into honey-coloured crusted plaque. Lesions are associated with no pain or surrounding erythema in most cases, and constitutional symptoms generally are absent. In up to 90% of cases, regional adenopathy is found, and leukocytosis is present in about half of patients.[201]

Bullous impetigo presents with flaccid, transparent bullae, most commonly on the face and extremities, as well as the diaper region. They may occur singly or in clusters. These subcorneal bullae are superficial; hence they rupture easily, leaving a narrow rim of scale at the edge of a shallow and erythematous erosion, which is usually spreading. The erosion soon develops a thin overlying honey-coloured crust.

Treatment involves suitable hygiene measures like frequent washing with soap and water, an antibacterial cleanser, or an alcohol-based hand sanitizer by the patient and the family members. Fomites should be thoroughly cleaned. Along with that, necessary topical and oral antibiotics should be used. Symptomatic treatment of pain and itching should be done along with the primary treatment.

MOLLUSCUM CONTAGIOSUM

Molluscum contagiosum (MC) is a common cutaneous viral infection in children caused by infection with a DNA virus of the Molluscipox genus.[202] It was earlier thought that the infection spread by skin-to-skin contact, fomites, or autoinoculation. However, according to the latest observations, molluscum contagiosum was twice as high in children exposed to swimming pools than in children who were not and the reports of epidemics related to public pools point to the importance of the spread of the virus through the water.[203] The typical lesions of MC are discrete, dome-shaped, umbilicated waxy papules.[202] Their colour varies from skin-coloured pink to white. A

central punctum is usually visible. Their morphology may also vary, from tiny, pinpoint papules simulating to pedunculated skin tag-like lesions. The size of the lesions also varies, from 1–5 mm, although lesions as large as 10–15 mm (so-called giant molluscum) can occur. In addition, MC may get a secondary bacterial infection, producing crusting, redness, and pus formation. The lesions occur most commonly on the axilla, side of the trunk, lower abdomen, thighs, and face.[204] Lesions in the genital area that occur in adolescents or young adults are usually sexually transmitted.[202] In a few lesions, no treatment is necessary. Salicylic acid, tretinoin, and benzoyl peroxide have all been used. Imiquimod can also be used, although its irritancy and high cost are limiting. Cryotherapy or removal with a curette after topical anaesthesia may be appropriate for older childrenwith few lesion.[205]

PITYRIASIS VERSICOLOR

Pityriasis versicolor (PV) is a superficial skin infection caused by the lipophilic yeast *Malassezia*, which is part of the normal skin flora, especially in seborrheic areas.[206] The infection results when the yeast changes to the mycelial state of dimorphic lipophilic yeasts under various factors, including moisture, heat and the degree of host immunity. PV generally affects teenagers and young adults but may occasionally be seen in younger children. It is usually asymptomatic but sometimes may be mildly pruritic. Clinically slightly scaly hypopigmented or hyperpigmented macules and patches develop on the trunk and neck.[207] These macules may coalesce to form geographic and polycyclic patches. Diagnosis is clinical, but in complex cases, KOH scrapping can help reveal typical stubby hyphae and spores (macaroni and meatballs). Woods light gives an orange fluorescence, but this is only sometimes a helpful test. Any topical azole antifungal agents, such as clotrimazole, can be used. Selenium sulfide lotion or shampoo, ketoconazole shampoo, and zinc pyrithione may be applied in the shower for 10–15 min. A single overnight application of selenium sulfide lotion is also generally practical. In cases of large surface area, oral treatment with a single dose of fluconazole or ketoconazole may be effective.

TINEA

Dermatophytes are fungal organisms that include three genera of *Microsporum*, *Trichophyton*, and *Epidermophyton*.[208] They cause infections of the skin, hair, and nails, i.e. the keratinised tissues. These dermatophyte infections are labelled by the prefix tinea, followed by the Latin word for the anatomical location, such as tinea capitis for dermatophyte infection of the scalp. *Ringworm* is slang used for dermatophyte infections, which is a misleading term.

Tinea corporis: It is the infection of the body by the dermatophyte. It is the most common dermatophytosis.[209] The classic lesion is a pruritic, red, annular scaling patch or plaque with central clearing and a darker leading edge.[210] There may be multiple lesions that coalesce to give polycyclic lesions. The lesions may be very inflammatory, especially with zoophilic organisms, and pustules may dominate. In cases where the patient has a history of steroid application, there is an alteration in the morphology of the lesion. This non-classical presentation of the disease is called tinea incognito.[211]

Tinea faciei: It is a dermatophyte infection of the face.

Tinea barbae: It is the infection of the beard. Pustules and papules may dominate the beard and are associated with severe itching and redness.

Tinea cruris: a.k.a jock itch, involves the upper medial thighs and is seen more frequently in teenage or older men. Warmth, moisture, and friction are essential factors for this type of tinea. The scrotum is characteristically spared, but due to rubbing, it may be red and lichenified.

Tinea pedis: a.k.a or athlete's foot, has varied presentations. For example, interdigital tinea consists of fissuring and scaling between the toes. In contrast, inflammatory or bullous tinea pedis consists of multiloculated, erythematous vesicles and bullae, usually on the arch and the heel. A tinea infection of the hand will almost always be accompanied by tinea pedis and is referred to as tinea manuum.

Tinea capitis: It is a fungal infection of the scalp. The hallmarks of this disease are hair loss due to broken hair, itch, scaling and erythema.[212] Adenopathy is commonly present but is a non-specific finding. Black dots can be seen due to broken hair. In severe inflammation, the areas of alopecia are covered by papules, pustules and crusts.

Systemic and oral antifungals are the main treatment options for fungal infections. Pruritus should be managed with antihistamines. The patient should be explained about the hygiene practices to avoid further infections.

MATERIALS AND METHODS

STUDY DESIGN

This study was a cross-sectional, observational study that was done at the outpatient and inpatient in the Department of Dermatology, Venereology and Leprosy and Pediatrics of the Dayanand Medical College & Hospital, Ludhiana. The study was conducted from March 2021 to December 2021, for a duration of 10 months on five hundred patients age up to 18 [213] years. The study was started after the approval of the institutional ethical committee and obtaining written informed consent from all patients/guardians in the regional as well as in the English language.

INCLUSION CRITERIA

Patients aged up to 18 years, belonging to either sex, suffering from skin disorders attending the outpatient or inpatient in the Department of Dermatology, Venereology and Leprosy and Pediatrics of Dayanand Medical College, Ludhiana were included in the study.

EXCLUSION CRITERIA

- Patients not willing to participate
- Patient or guardian not willing to give consent.

METHODS

A total of five hundred patients, age up to 18 years attending the outpatient and inpatient of Dermatology, Venereology and Leprosy department and Pediatrics department of Dayanand Medical College & Hospital, Ludhiana and having skin disorders were the subject of this study. After informed consent or assent, a detailed history and a comprehensive general and cutaneous examination (including hair, nails and scalp) were conducted. It was followed by relevant investigations like CBC, RFT, LFT and other investigations like skin biopsy, fungal scraping for KOH etc., which were carried out wherever required.

Photographs were taken. For photographs, consent of the parents and/or assent of children between 14-18 years were taken. The findings were recorded in a proforma for analysis and interpretation of data.

NUMBER OF CASES

A total of five hundred cases were included.

STATISTICAL ANALYSIS

Data are described in terms of range, mean ±standard deviation (± SD), frequencies (number of cases) and relative frequencies (percentages) as appropriate. All statistical calculations were done using (Statistical Package for the Social Science) SPSS 21version (SPSS Inc., Chicago, IL, USA) statistical program for Microsoft Windows.

OBSERVATION AND RESULTS

This cross-sectional, observational study included five hundred patients, up to the age of 18 years, attending the outpatient and inpatient of the department of Dermatology, Venereology and Leprosy and Pediatrics at Dayanand Medical College & Hospital, Ludhiana suffering from skin disorders. These patients were selected based on inclusion and exclusion criteria. After informed consent or assent and a detailed general and cutaneous examination (including hair, nails and scalp) followed by relevant investigations like CBC, RFT, LFT and other investigations like skin biopsy, fungal scraping for KOH etc., were carried out wherever required. The study period was from March 2021 to December 2021.

AGE DISTRIBUTION IN THE STUDY

The maximum number of patients were seen in the age group of more than 10 years of age with 173 (34.6%) cases, followed by 1-5 years age group with 164 (32.8%) cases. The minimum number of cases were seen in the age group of less than 1 year of age with only 41 (8.2%) cases. The p value was 0.044 which is statistically significant. The youngest patient was 1 month old while the oldest was 17 years old. The mean age in our study was 7.75 ±5.36 years (Table1, Figure1).

TABLE 1: AGE DISTRIBUTION OF CASES

AGE (YEARS)	NO. OFCASES	PERCENTAGE
< 1	41	8.2%
1-5.0	164	32.8%
6-10.0	122	24.4%
>10	173	34.6%

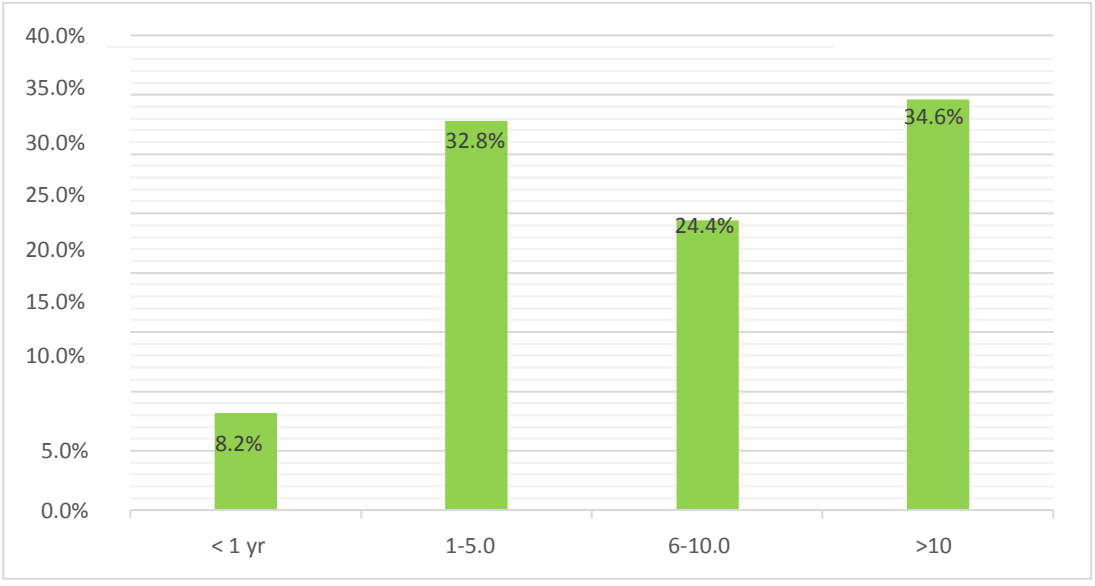

FIGURE 1: AGE DISTRIBUTION OF CASES

GENDER DISTRIBUTION IN THE STUDY

Of 500 patients, 315 (63%) were male and 185 (37%) were female. A male predominance was seen in the study. The male to female ratio was 1.7: 1 (Table 2, Figure 2).

TABLE 2: GENDER DISTRIBUTION OF PATIENTS

SEX	NO. OF CASES	PERCENTAGE
Female	185	37.0%
Male	315	63.0%

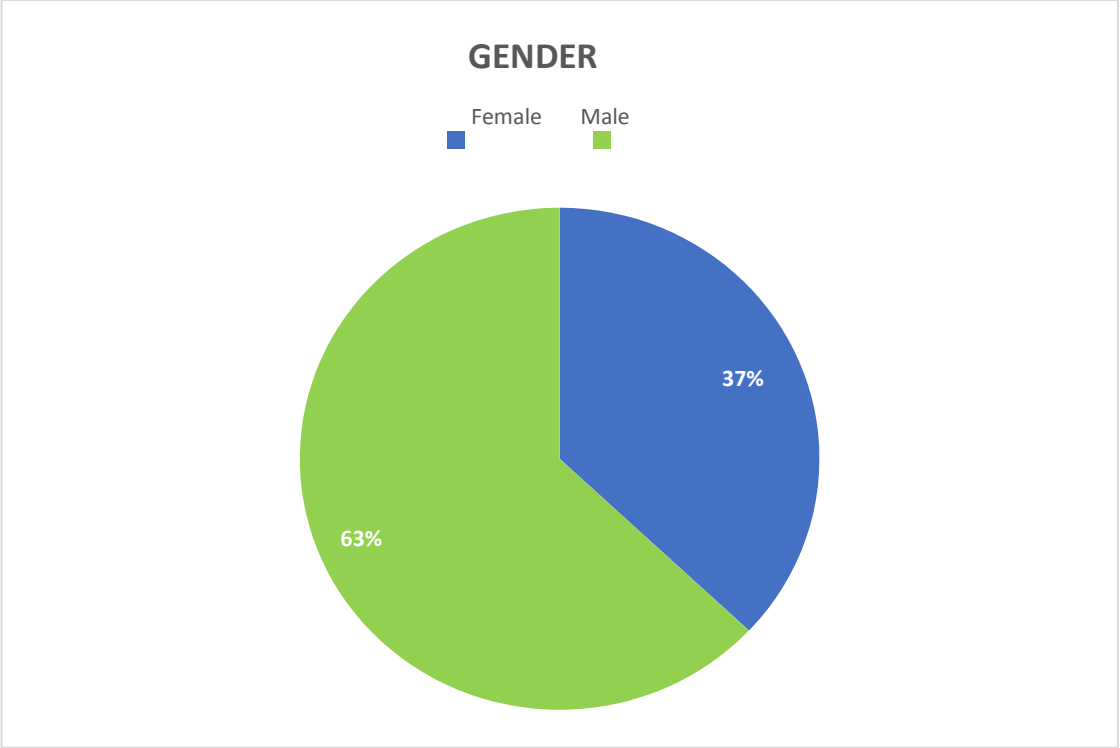

FIGURE 2: GENDER DISTRIBUTION OF PATIENTS

AGE AND GENDER DISTRIBUTION

The male dominance in the overall study was also noted in the various age groups. For example, in the most common age group, i.e., more than 10 years age, there were 50 (28.90%) girls compared to 123 (71.09%) boys while, in the group with the least patient, i.e., less than 1 year age, there were 19 (46.34%) girls and 22 (53.66%) boys (Table 3, Figure 3).

TABLE 3: AGE AND GENDER DISTRIBUTION

SEX	AGE (YEARS)				TOTAL
	< 1	1-5.0	6-10.0	>10	
Female	19 (46.34%)	65 (39.64%)	51 (41.80%)	50 (28.90%)	185
Male	22 (53.66%)	99 (60.36%)	71 (58.2%)	123 (71.1%)	315
Total	41	164	122	173	500

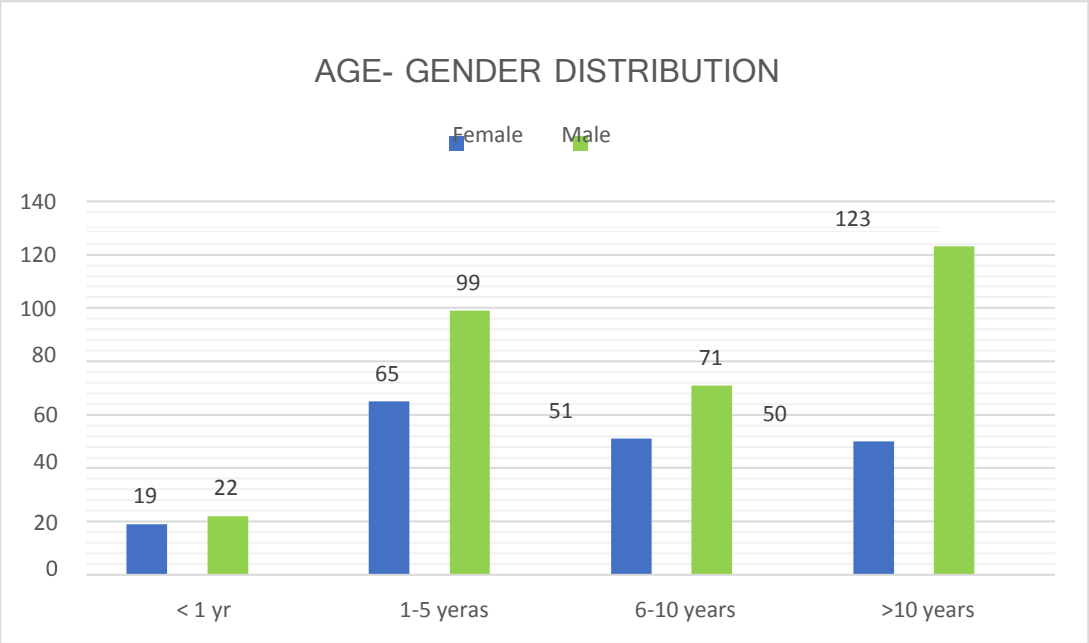

FIGURE 3: AGE AND GENDER DISTRIBUTION

SITE DISTRIBUTION IN THE STUDY

The most common site involved in the study was the trunk which was involved in 197 (39.4%) patients, followed by the face, which was seen in 193 (38.6%) patients and upper limbs in 118 (23.6%) cases. Feet were involved in 14 (2.8%) patients while nails were least commonly involved only in 4 (0.8%) patients.
(Table 4, Figure 4).

TABLE 4: SITE DISTRIBUTION IN PATIENTS

SITES	NUMBER OF PATIENTS	PERCENTAGE
Trunk	197	39.40%
Face	193	38.60%
Upper limb	118	23.60%
Lower limb	105	21.00%
Groins	103	20.60%
Hands	84	16.80%
Neck	81	16.20%
Buttocks	78	15.60%
Scalp	67	13.40%
Feet	14	2.80%
Nails	4	0.80%

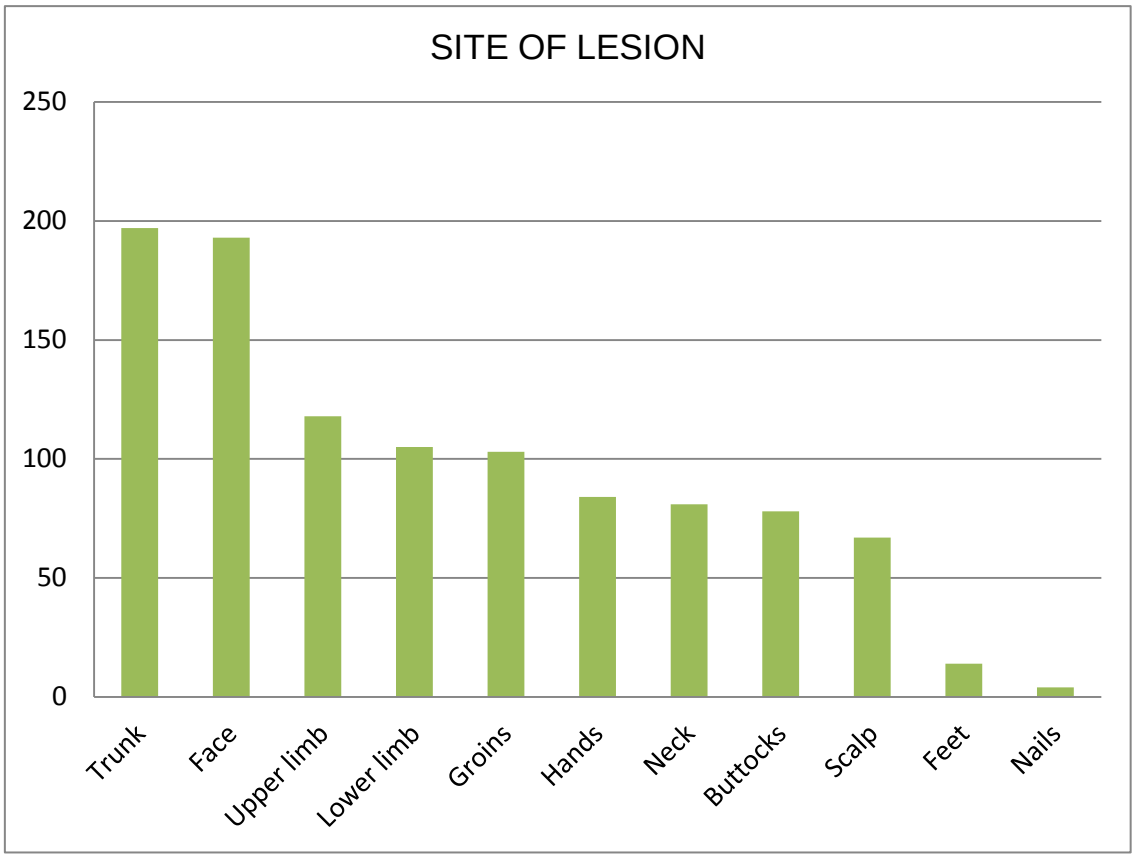

FIGURE 4: SITE DISTRIBUTION IN PATIENTS

SYMPTOM DISTRIBUTION IN THE STUDY

The most common symptom in the study was itching seen in 367 (73%) patients, followed by redness, seen in 231 (46.2%) patients. The least common symptoms were pain oozing (44, 8.8%) and (25, 5%)(Table 5, Figure 5).

TABLE 5: SYMPTOM DISTRIBUTION IN THE STUDY

CUTANEOUS MANIFESTATIONS	NUMBER OF PATIENTS	PERCENTAGE
Itching	367	73%
Redness	231	46.20%
Scaling	153	30.60%
Discoloration	116	23.20%
Dryness of skin	103	20.60%
Oozing	44	8.80%
Pain	25	5.00%

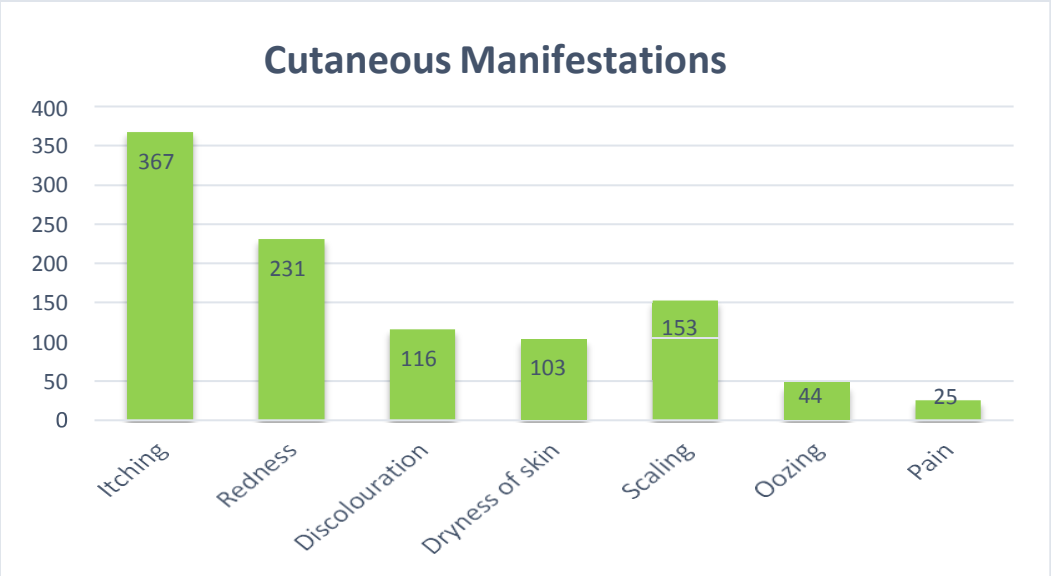

FIGURE 5: SYMPTOM DISTRIBUTION IN THE STUDY

TYPE OF LESIONS DISTRIBUTION

In the present study on evaluation of the distribution of type of lesions, we found that among the lesion, papules were most common and comprised 258 cases (51.6 %), followed by scaling 140 cases (28%), plaques comprised 126 cases (25.2%) and discolouration 88 cases (17.6%). The least common were erythema 5 cases (1%) & bulla 4 cases (0.8%) (Table 6, Figure 6).

TABLE 6: DISTRIBUTION OF TYPE OF LESIONS IN THE STUDY

TYPES OF LESIONS	FREQUENCY	PERCENTAGE
Papule	258	51.60%
Scaling	140	28.00%
Plaque	126	25.20%
Pustule	52	10.40%
Hypopigmented	45	9.00%
Hyperpigmented	43	8.60%
Patch	42	8.40%
Macule	35	7%
Wheals	22	4.40%
Annular lesion	15	3.00%
Vesicle	13	2.60%
Others	18	3.60%
Erythema	5	1.00%
Bulla	4	0.80%

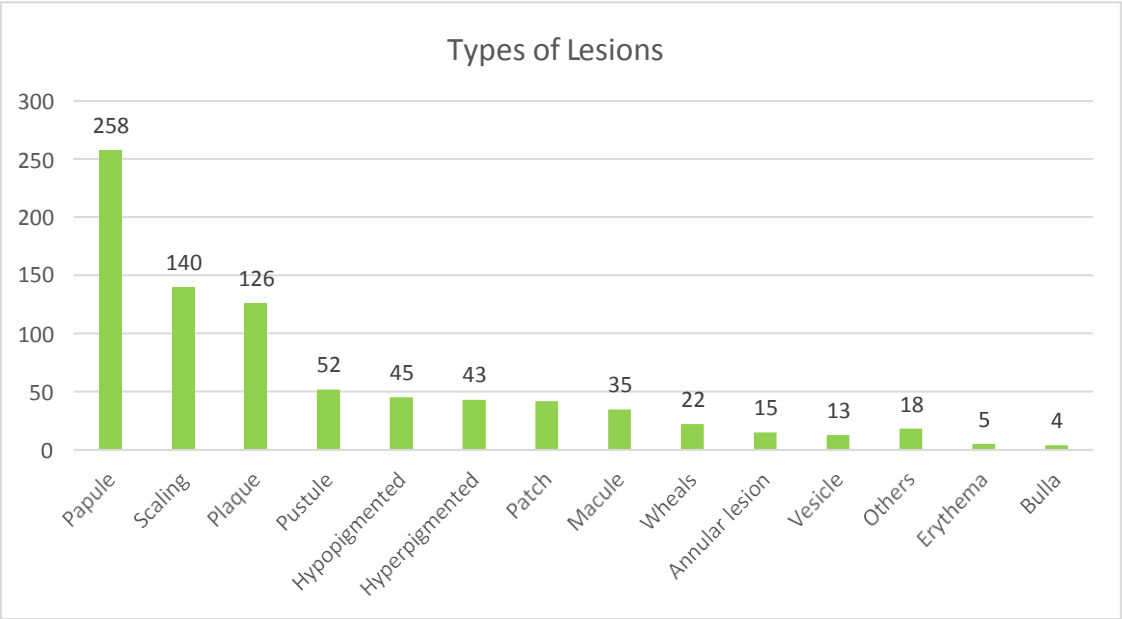

FIGURE 6: DISTRIBUTION OF TYPE OF LESIONS IN THE STUDY

INVESTIGATION DISTRIBUTION IN THE STUDY

Relevant investigations were done in the study where they were required. The most common investigation used was KOH for fungal scrapping, which was used 14 times during the study. Apart from fungal scrapping, woods lamp (7), skin biopsy (4), Slit skin smear (1) and CBC (1) were used. (Table 7, Figure 7).

TABLE 7: INVESTIGATION DISTRIBUTION IN THE STUDY

RELEVANT INVESTIGATION	NO. OF CASES	PERCENTAGE
KOH	14	2.80%
woods lamp	7	1.40%
skin biopsy	4	0.80%
CBC	1	0.20%
slit skin smear	1	0.20%
None	473	94.60%
Total	500	100.00%

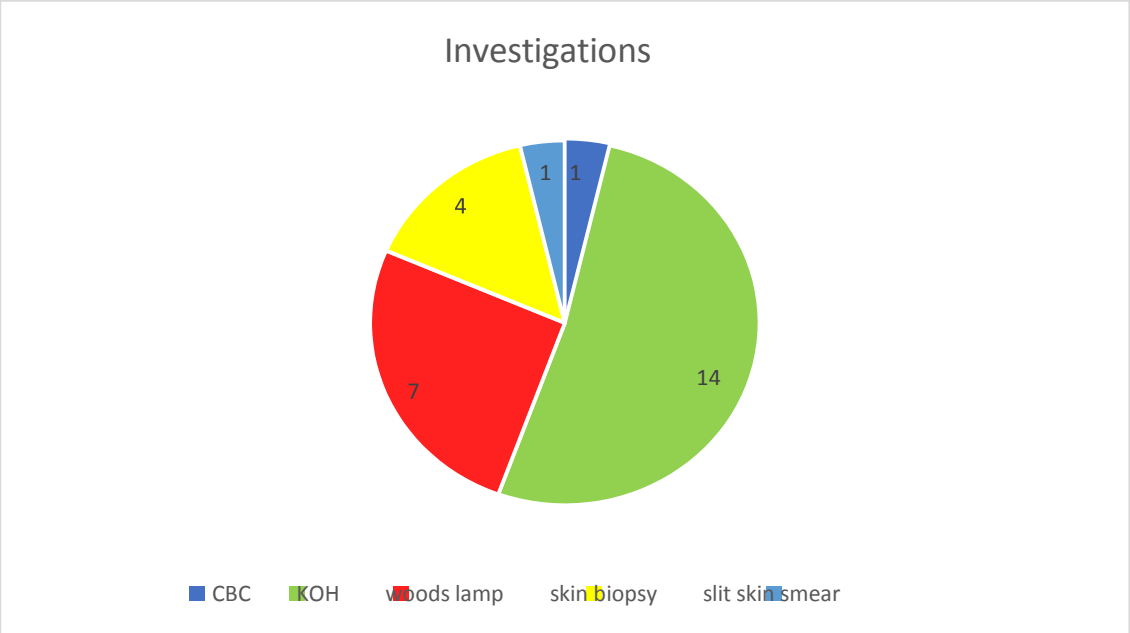

FIGURE 7: INVESTIGATION DISTRIBUTION IN THE STUDY

DISEASE DISTRIBUTION IN THE STUDY

In our study, a total of 521 dermatoses was seen in 500 children. The most common disease category was infections and infestations, affecting 42.80% of children. (Table 8, Figure 8). Out of this, scabies was the disease with the highest incidence, i.e. 87 (17.40%) cases, followed by fungal infections that affected 54 (10.80%) children. After infections and infestations, the most significant number of patients were found in the dermatitis and papulosquamous disorders group (155, 31%), with atopic dermatitis affecting the maximum number of children (80, 16%), followed by seborrhoeic dermatitis (38, 7.60%). The category genetic/congenital disorders had the least number of cases (22, 4.20%), with hemangiomas having the highest prevalence (10, 2%), followed by nevus depigmentosus (4, 0.8%) (Table 9, Figure 9).

TABLE 8: DISEASE CATEGORY DISTRIBUTION

DISEASE CATEGORY	TOTAL	PERCENTAGE
Infections & infestations	214	42.80%
Dermatitis/Papulosquamousdisorders	155	31%
Noninfective dermatoses/Appendageal disorders	55	11%
Hypersensitivity／drug reactions	41	8.2%
Autoimmune dermatoses	35	7%
Genetic/ Congenital disorders	21	4.20%

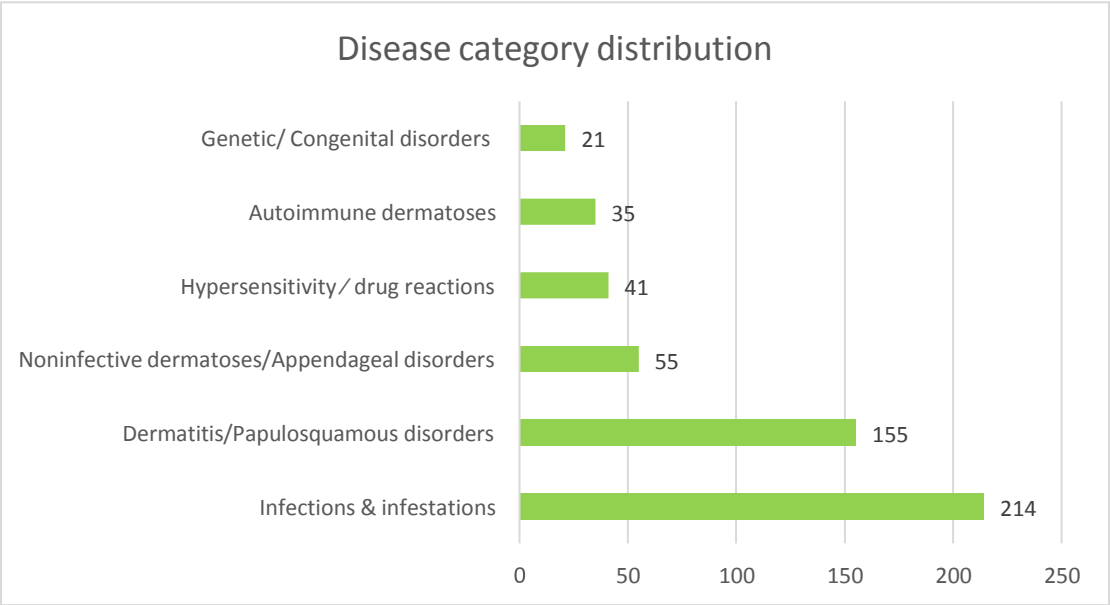

FIGURE 8: DISEASE CATEGORY DISTRIBUTION

TABLE 9: DISEASE DISTRIBUTION IN THE STUDY

DISEASE	TOTAL	PERCENTAGE
INFECTIONS & INFESTATIONS		
Scabies	87	17.40%
Fungal	54	10.80%
Viral	50	10%
Bacterial	18	3.60%
IED	3	0.60%
Leprosy	1	0.20%
Cutaneous TB	1	0.20%
Total	214	42.80%
DERMATITIS/ PAPULOSQUAMOUS DISORDERS		
Atopic dermatitis	80	16%
Seborrhoeic dermatitis	38	7.60%
Pityriasis Alba	14	2.80%
Lichen planus	6	1.20%
Psoriasis	5	1%
Diaper Dermatitis	4	0.80%
Discoid eczema	2	0.40%
Hand Eczema	2	0.40%
Contact Dermatitis	1	0.20%
Vector Dermatitis	1	0.20%
Perioral dermatitis	1	0.20%
Pompholyx	1	0.20%
Total	155	31%
NON-INFECTIVE DERMATOSES/APPENDAGEAL DISORDERS		
Acne	47	9.40%
Miliaria	2	0.40%
Acrodermatitis Enteropathica	1	0.20%
Hirsutism	1	0.20%
Premature canities	1	0.20%
Telogen Effluvium	1	0.20%
Sebaceous Cyst	1	0.20%
Pyoderma gangrenosum	1	0.20%
Total	55	11%

HYPERSENSITIVITY/DRUG REACTIONS		
Urticaria/angioedema	27	5.40%
Papular urticaria	13	2.60%
Cutaneous mastocytosis	1	0.20%
Total	41	8.20%
AUTOIMMUNE DERMATOSES		
Vitiligo	28	5.60%
Alopecia areata	5	1%
SLE	1	0.20%
Dermatitis Herpetiformis	1	0.20%
Total	35	7%
GENETIC/ CONGENITAL DISORDERS		
Hemangiomas	10	2%
Nevus Depigmentosus	4	0.80%
Congenital Melanocytic Nevus	2	0.40%
Ichthyosis	2	0.40%
Linear Verrucous Epidermal Nevus	1	0.20%
Port wine stain	1	0.20%
Palmoplantar Keratoderma	1	0.20%
Total	21	4.20%

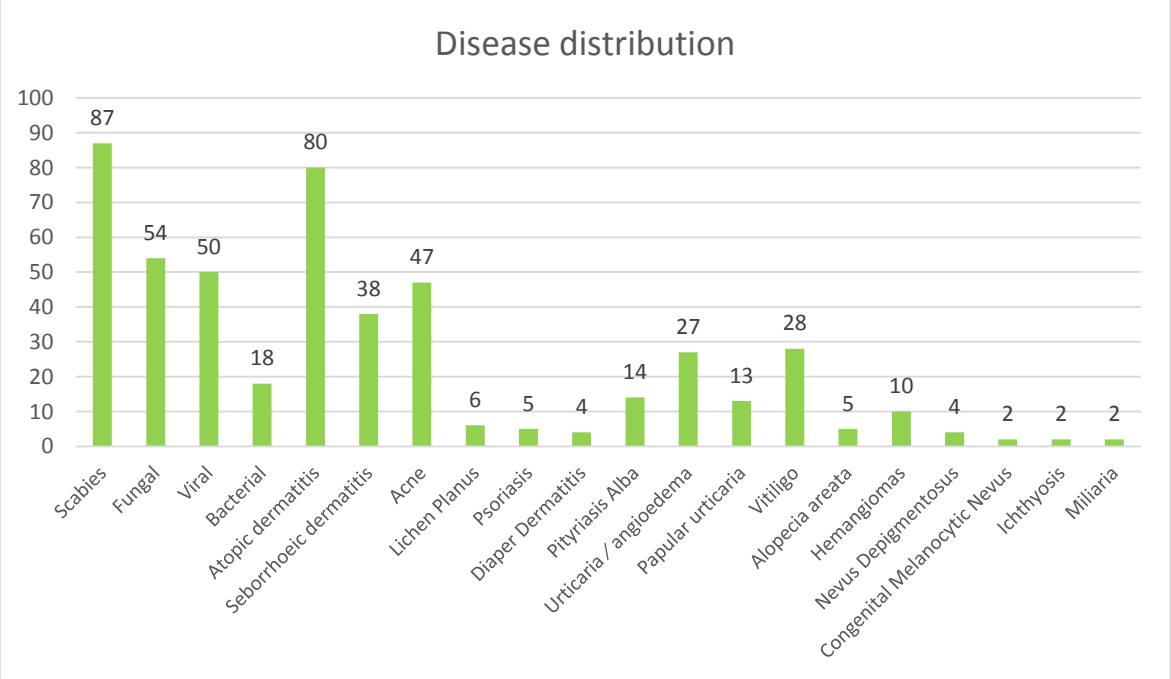

FIGURE 9: DISEASE DISTRIBUTION IN THE STUDY

DISTRIBUTION OF INFECTIONS AND INFESTATIONS IN THE STUDY

In our study maximum number of cases were seen in the infections and infestation group, i.e., 214 (42.80%) cases. In this group maximum number of cases were of scabies accounting around 87 (17.40%) of cases. After scabies, fungal and viral infections were commonly seen with 54 (10.80%) and 50 (10%) patients respectively. Cutaneous tuberculosis and leprosy were also seen in 1 case each. All the diseases in this category showed male preponderance apart from bacterial infections in which females outnumbered males (Table 10, Figure 10).

TABLE 10: DISTRIBUTION OF INFECTIONS AND INFESTATIONS IN THE STUDY

INFECTIONS & INFESTATIONS	MALE	FEMALE	TOTAL	PERCENTAGES
Scabies	65	22	87	17.40%
Fungal	34	20	54	10.80%
Viral	26	24	50	10%
Bacterial	8	10	18	3.60%
IED	3	0	3	0.60%
Leprosy	1	0	1	0.20%
Cutaneous TB	1	0	1	0.20%
Total	138	76	214	42.80%

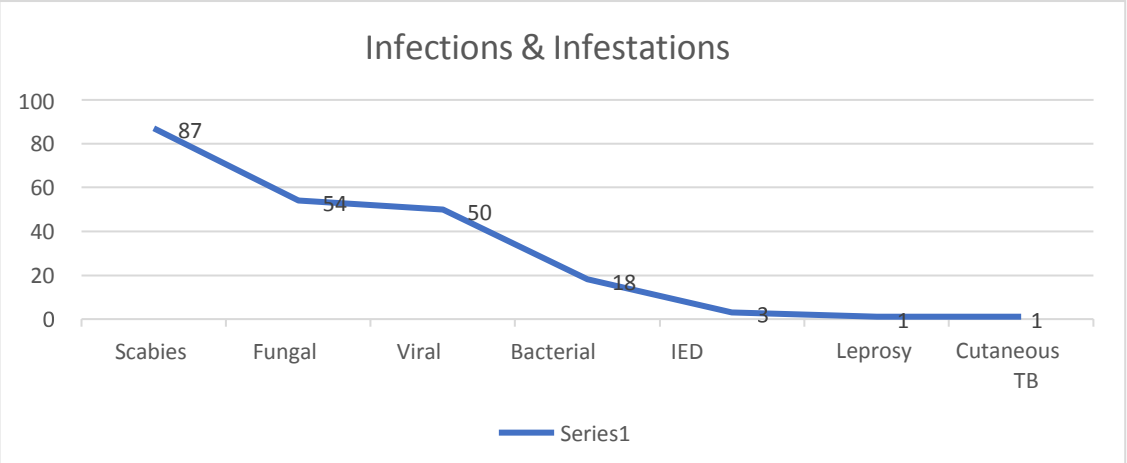

FIGURE 10: DISTRIBUTION OF INFECTIONS AND INFESTATIONS IN THE STUDY

DISTRIBUTION OF DERMATITIS/ PAPULOSQUAMOUS DISORDERS IN THE STUDY

In the study, 155 cases (31%) of dermatitis were seen, out of which 80 (16%) were of atopic dermatitis. The other frequent diseases were seborrhoeic dermatitis (38, 7.60%) and pityriasis alba (14, 2.80%), while contact dermatitis, vector dermatitis, perioral dermatitis and pompholyx only had 1 (0.20%) case each. Males were predominantly involved in this category, in majority of diseases, apart from pompholyx and vector dermatitis, in which female dominance was seen (Table 11, Figure 11).

TABLE 11: DISTRIBUTION OF DERMATITIS/ PAPULOSQUAMOUS DISORDERS IN THE STUDY

DERMATITIS/ PAPULOSQUAMOUS DISORDERS	MALE	FEMALE	TOTAL	PERCENTAGE
Atopic dermatitis	45	35	80	16%
Seborrhoeic dermatitis	22	16	38	7.60%
Pityriasis Alba	7	7	14	2.80%
Lichen planus	4	2	6	1.20%
Psoriasis	3	2	5	1%
Diaper Dermatitis	2	2	4	0.80%
Discoid eczema	2	0	2	0.40%
Hand Eczema	2	0	2	0.40%
Contact Dermatitis	1	0	1	0.20%
Vector Dermatitis	0	1	1	0.20%
Perioral dermatitis	1	0	1	0.20%
Pompholyx	0	1	1	0.20%
Total	89	66	155	31%

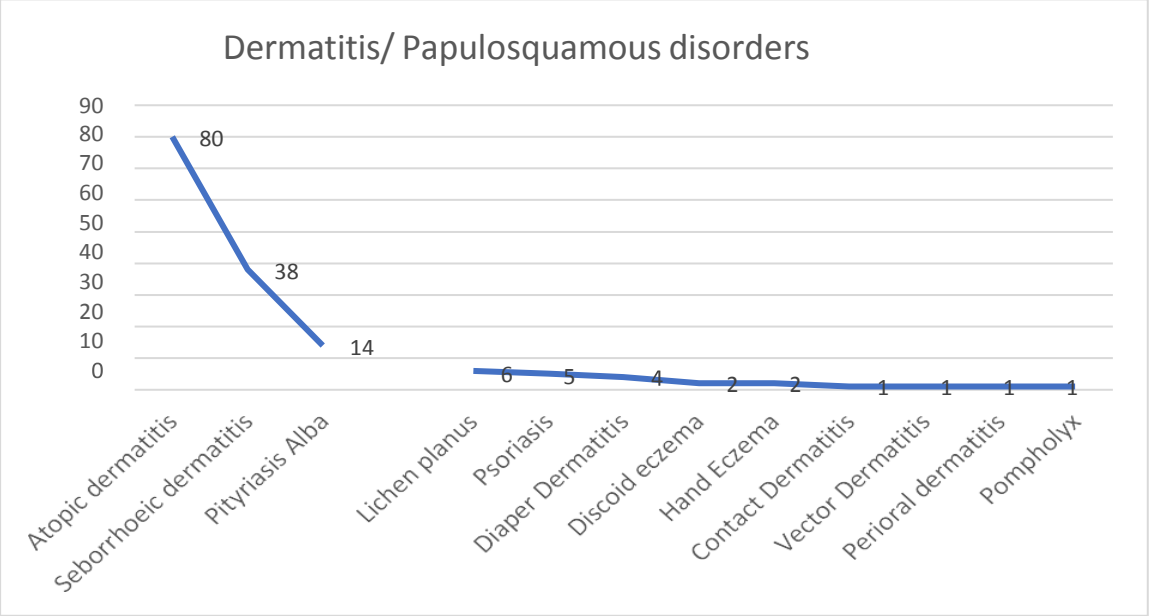

FIGURE 11: DISTRIBUTION OF DERMATITIS/ PAPULOSQUAMOUS DISORDERS IN THE STUDY

DISTRIBUTION OF NON-INFECTIVE DERMATOSES/ APPENDAGEAL DISORDERS IN THE STUDY

In the non-infective dermatoses category, 55 patients were seen, with acne vulgaris affecting the highest number of children, i.e., 47 (9.40%). The rare diseases were acrodermatitis enteropathica, hirsutism, premature canities and telogen effluvium. Male dominance was seen in this category in diseases like acne and sebaceous cyst, while females were more commonly affected by telogen effluvium, premature canities and pyoderma gangrenosum. (Table 12, Figure 12).

TABLE 12: DISTRIBUTION OF NON-INFECTIVE DERMATOSES/ APPENDAGEALDISORDERS IN THE STUDY

NON-INFECTIVE DERMATOSES/ APPENDAGEAL DISORDERS	MALES	FEMALES	TOTAL	PERCENTAGE
Acne	38	9	47	9.40%
Miliaria	1	1	2	0.40%
Acrodermatitis Enteropathica	1	0	1	0.20%
Hirsutism	0	1	1	0.20%
Premature canities	0	1	1	0.20%
Telogen Effluvium	0	1	1	0.20%
Sebaceous Cyst	1	0	1	0.20%
Pyoderma gangrenosum	0	1	1	0.20%
Total	41	14	55	11%

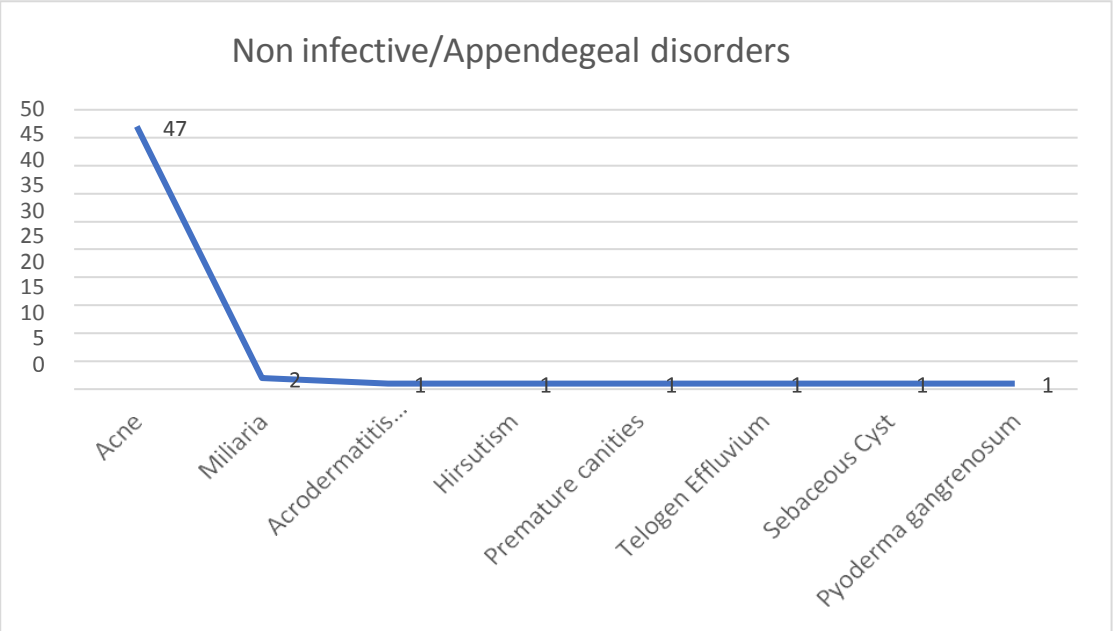

FIGURE 12: DISTRIBUTION OF NON-INFECTIVE DERMATOSES/ APPENDAGEAL DISORDERS IN THE STUDY

DISTRIBUTION OF HYPERSENSITIVITY/ DRUG REACTIONS IN THE STUDY

In this study 41 cases (8.2%) of hypersensitivity were noted with prevalence of urticaria/angioedema being 27 (5.4%) and papular urticaria being 13 (2.6%) while only 1 (0.20%) case of cutaneous mastocytosis was seen. Male were more commonly affected than the female in this category, with 30 men compared to 11 women (Table 13, Figure 13).

TABLE 13: DISTRIBUTION OF HYPERSENSITIVITY/ DRUG REACTIONS IN THE STUDY

HYPERSENSITIVITY / DRUG REACTIONS	MALE	FEMALE	TOTAL	PERCENTAGE
Urticaria/angioedema	20	7	27	5.40%
Papular urticaria	9	4	13	2.60%
Cutaneous mastocytosis	1	0	1	0.20%
Total	30	11	41	8.20%

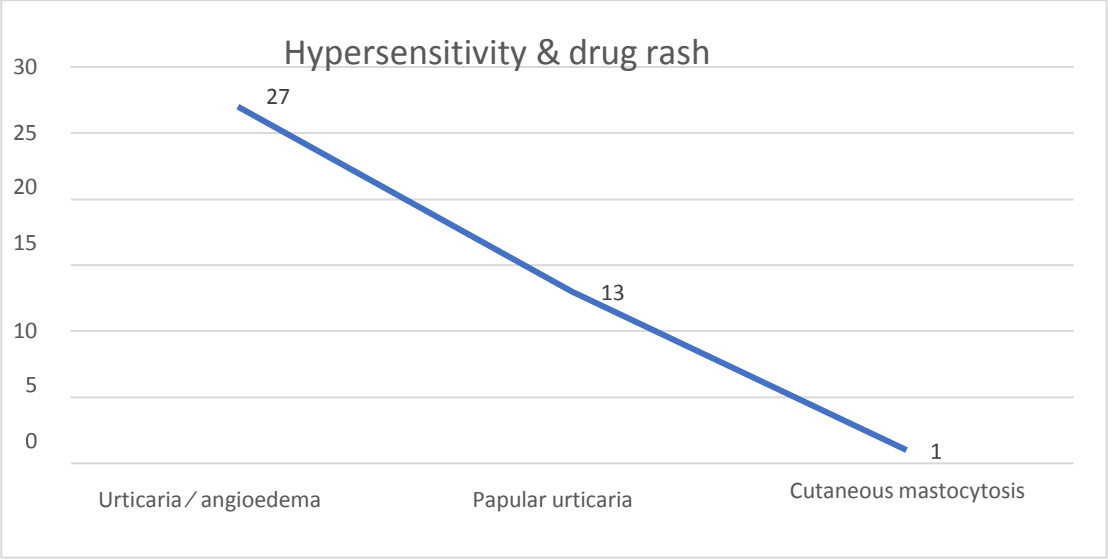

FIGURE13: DISTRIBUTION OF HYPERSENSITIVITY/ DRUG REACTIONS IN THE STUDY

DISTRIBUTION OF AUTOIMMUNE DISEASES IN THE STUDY

In our study, there were 35 (7%) cases of autoimmune etiology in which there were 28 (5.60%) cases of vitiligo and 5 (1%) cases of alopecia areata. Dermatitis herpetiformis and SLE were seen in 1 (0.2%) patient each. Male dominance was seen in this category, while SLE and Dermatitis herpetiformis were seen only in females (Table 14, Figure 14).

TABLE 14: DISTRIBUTION OF AUTOIMMUNE DISEASES IN THE STUDY

Autoimmune diseases	MALE	FEMALE	TOTAL	PERCENTAGE
Vitiligo	18	10	28	5.60%
Alopecia areata	3	2	5	1%
SLE	0	1	1	0.20%
Dermatitis Herpetiformis	0	1	1	0.20%
Total	21	14	35	7%

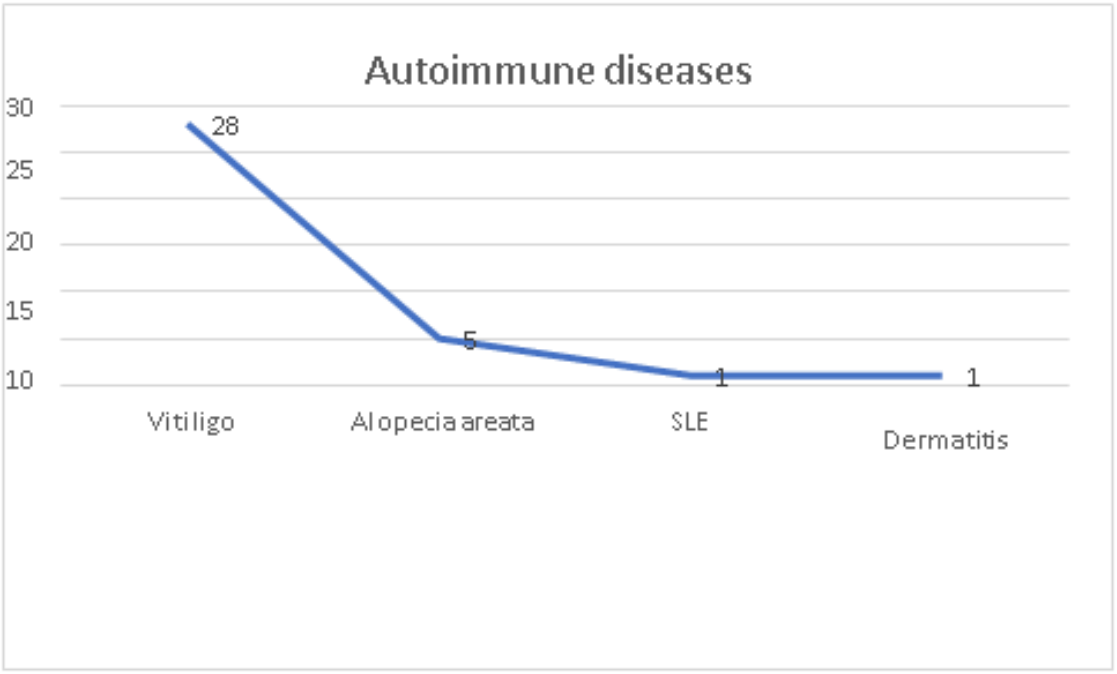

FIGURE 14: DISTRIBUTION OF AUTOIMMUNE DISEASES IN THE STUDY

DISTRIBUTION OF GENETIC/ CONGENITAL DISORDERS IN THE STUDY

In this study, 21 cases were seen in this category, with hemangiomas having the maximum number of cases, i.e., 10 (2%), followed by nevus depigmentosus with 4 cases (0.80%). Only 1 case of linear verrucous epidermal nevus, port wine stain and palmoplantar keratoderma was seen. This was the only disease category in which female preponderance was noted with 13 females, against 8male (Table 15, Figure 15).

TABLE 15: DISTRIBUTION OF GENETIC/ CONGENITAL DISORDERS IN THE STUDY

GENETIC/ CONGENITAL DISORDERS	MALE	FEMALE	TOTAL	PERCENTAGE
Hemangiomas	4	6	10	2%
Nevus Depigmentosus	1	3	4	0.80%
Congenital Melanocytic Nevus	1	1	2	0.40%
Ichthyosis	1	1	2	0.40%
Linear Verrucous Epidermal Nevus	0	1	1	0.20%
Port wine stain	1	0	1	0.20%
Palmoplantar Keratoderma	0	1	1	0.20%
Total	8	13	21	4.20%

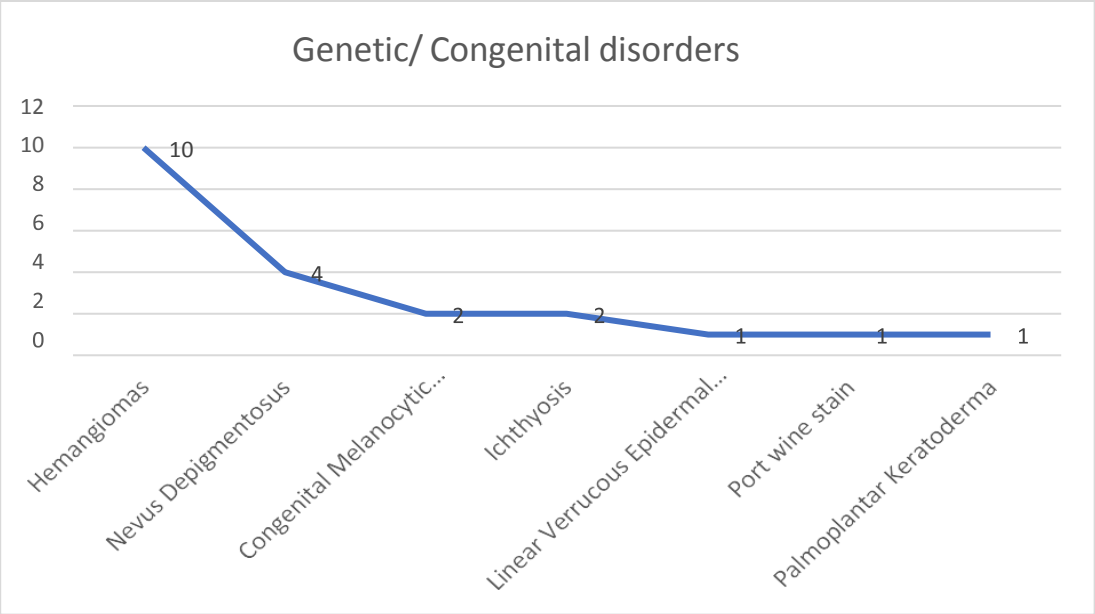

FIGURE 15: DISTRIBUTION OF GENETIC/ CONGENITAL DISORDERS IN THE STUDY

DISTRIBUTION OF THE FUNGAL DISEASES IN THE STUDY

In our study, 54 cases (10.80%) of fungal infections were seen out of the 214 (42.80%) cases of the infection and infestation group. In the fungal infections, the most common infection was Tinea corporis affecting around 25 children and constituting 46.3% of the fungal infection. The second most common fungal infection was pityriasis versicolor (9, 16.7%), followed by intertrigo (7, 13%), while the least common infections were candidiasis and tinea pedis, seen in 1 case each only. Men were more susceptible to fungal infections in this study. (Table 16, Figure 16).

TABLE 16: DISTRIBUTION OF THE FUNGAL DISEASES IN THE STUDY

FUNGAL INFECTIONS	MALE	FEMALE	NO. OF CASES	PERCENTAGE
Tinea corporis	18	7	25	46.30%
Pityriasis versicolor	6	3	9	16.70%
Intertrigo	4	3	7	13.00%
Tinea capitis	2	2	4	7.40%
Onychomycosis	1	2	3	5.40%
Tinea cruris	2	0	2	3.70%
Tinea facei	2	0	2	3.70%
Candidiasis	0	1	1	1.90%
Tinea pedis	0	1	1	1.90%
TOTAL	35	19	54	100%

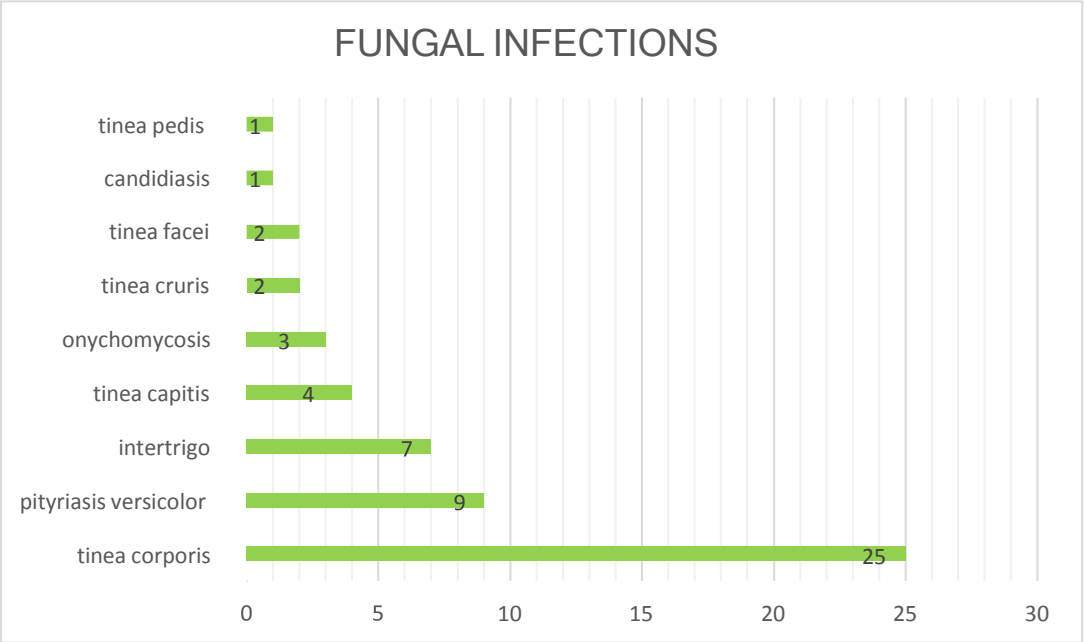

FIGURE 16: DISTRIBUTION OF THE FUNGAL DISEASES IN THE STUDY

DISTRIBUTION OF THE VIRAL DISEASES IN THE STUDY

In our study, 50 cases (10%) of viral infections were seen out of the 214 (42.80%) cases of the infection and infestation group. Amongst the viral infections, the most prevalent was the molluscum contagiosum, with 27 (54%) infections, followed by verruca vulgaris, with 7 (14%) cases. Less common diseases were varicella (2, 4%) and herpes simplex and pityriasis rosea (1, 2%). Men were more commonly affected by viral infections in this study (Table 17, Figure 17).

TABLE 17: DISTRIBUTION OF THE VIRAL DISEASES IN THE STUDY

VIRAL INFECTIONS	MALE	FEMALE	NO. OF CASES	PERCENTAGE
Molluscum contagiosum	12	15	27	54.00%
Verruca vulgaris	5	2	7	14.00%
Viral exanthem	2	3	5	10.00%
Herpes zoster	2	2	4	8.00%
Verruca plana	2	1	3	6.00%
Varicella	2	0	2	4.00%
Herpes Simplex	1	0	1	2.00%
Pityriasis rosea	1	0	1	2.00%
TOTAL	27	23	50	100%

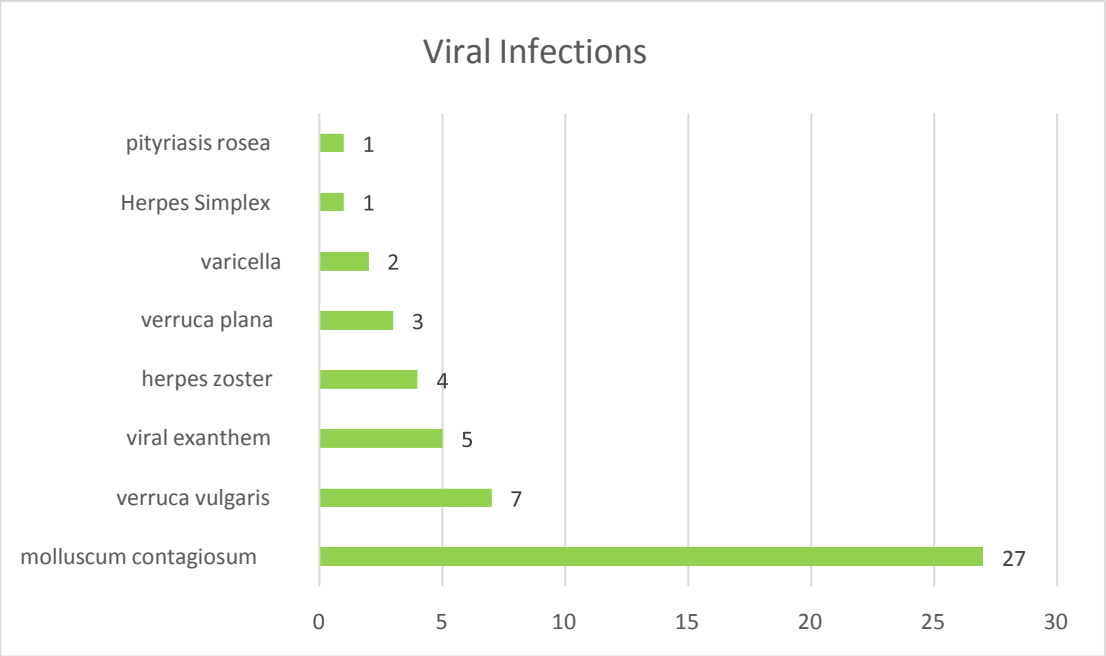

FIGURE 17: DISTRIBUTION OF THE VIRAL DISEASES IN THE STUDY

DISTRIBUTION OF THE BACTERIAL DISEASES IN THE STUDY

In our study, 18 cases (3.6%) of bacterial infections were seen, out of the 214 (42.80%) cases of the infection and infestation group. In this category, the most significant cases were seen of impetigo contagiosum (10, 55.6%), followed by folliculitis (4, 22.2%) and pyoderma (3, 16.7%). The bacterial diseases were more frequent in women (Table 18, Figure 18).

TABLE 18: DISTRIBUTION OF THE BACTERIAL DISEASES IN THE STUDY

BACTERIAL INFECTIONS	MALE	FEMALE	NO. OF CASES	PERCENTAGE
impetigo contagiosum	3	7	10	55.60%
folliculitis	3	2	5	27.70%
pyoderma	2	1	3	16.70%
TOTAL	8	10	18	100%

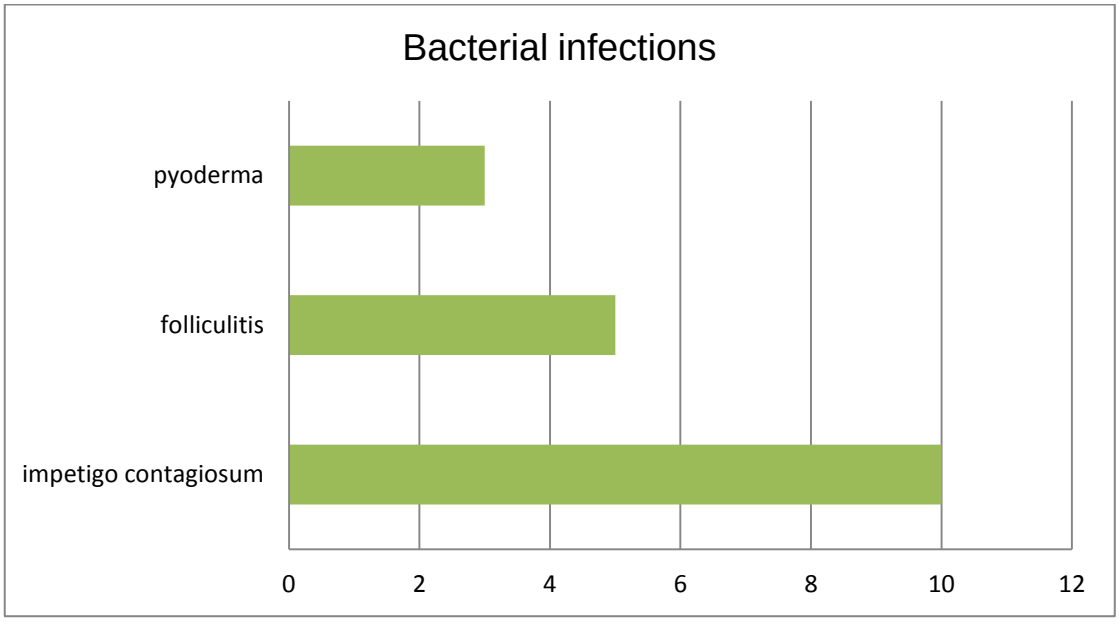

FIGURE 18: DISTRIBUTION OF THE BACTERIAL DISEASES IN THE STUDY

AGE WISE DISTRIBUTION OF VARIOUS DERMATOSES

Table 19 shows age wise distribution of various dermatoses in the study.

TABLE 19: AGE WISE DISTRIBUTION OF VARIOUS DERMATOSES

Disease	**Age**					
	<1 year	1-5 years	6-10 years	>10 years	total	percentage
INFECTIONS & INFESTATIONS						
Scabies	4	35	23	25	87	17.4%
Fungal	5	11	11	27	54	10.8%
Viral	2	20	16	12	50	10.0%
Bacterial	1	9	6	2	18	3.6%
IED	0	1	1	1	3	0.6%
Leprosy	0	0	0	1	1	0.2%
Cutaneous TB	0	0	0	1	1	0.2%
Total					214	48.8%
DERMATITIS/ PAPULOSQUAMOUS DISORDERS						
Atopic dermatitis	7	39	18	16	80	16%
Seborrhoeic dermatitis	10	9	7	12	38	7.6%
Pityriasis Alba	1	4	6	3	14	2.8%
Lichen Planus	0	0	4	2	6	1.2%
Psoriasis	0	1	2	2	5	1%
Diaper Dermatitis	2	1	0	1	4	0.8%
Discoid eczema	0	0	2	0	2	0.4%
Hand Eczema	0	0	0	2	2	0.4%
Contact Dermatitis	0	0	0	1	1	0.2%
Vector Dermatitis	0	1	0	0	1	0.2%
Perioral dermatitis	0	0	0	1	1	0.2%
Pompholyx	0	0	0	1	1	0.2%
Total					155	31%
NONINFECTIVE DERMATOSES/ APPENDAGEAL DISORDERS						
Acne	1	1	0	45	47	9.4%
Miliaria	0	1	1	0	2	0.4%
Acrodermatitis Enteropathica	1	0	0	0	1	0.2%
Hirsutism	0	0	0	1	1	0.2%

Premature canities	0	0	1	0	1	0.2%
Telogen Effluvium	0	0	0	1	1	0.2%
Sebaceous Cyst	0	0	0	1	1	0.2%
Pyoderma gangrenosum	0	1	0	0	1	0.2%
Total					55	11%
HYPERSENSITIVITY / DRUG REACTIONS						
Urticaria/angioedema	0	11	8	8	27	5.4%
Papular urticaria	1	9	3	0	13	2.6%
Cutaneous mastocytosis	0	0	0	1	1	0.2%
Total					41	8.2%
AUTOIMMUNE DERMATOSES						
Vitiligo	1	7	10	10	28	5.6%
Alopecia areata	0	1	4	0	5	1%
SLE	0	0	0	1	1	0.2%
Dermatitis Herpetiformis	0	0	0	1	1	0.2%
Total					35	7%
GENETIC / CONGENITAL DISORDERS						
Hemangiomas	4	6	0	0	10	2%
Nevus Depigmentosus	4	0	0	0	4	0.8%
Congenital Melanocytic Nevus	1	0	0	1	2	0.4%
Ichthyosis	0	1	0	1	2	0.4%
Linear Verrucous Epidermal Nevus	0	0	0	1	1	0.2%
Port wine stain	0	1	0	0	1	0.2%
Palmoplantar Keratoderma	0	0	0	1	1	0.2%
Total					21	4.2%

< 1 YEAR

A total of 45 dermatoses, out of the 521 dermatoses seen in the study, were seen in this group. There were 41 (8.2%) patients in this age group with 22 being male and 19 being female (M: F=1.15:1). The most frequent disease category in this group was dermatitis/ papulosquamous disorders with 20 (48.78%) cases while the least were hypersensitivity/ drug reactions and autoimmune dermatoses group each having 1 (2.43%) case only. The maximum cases of seborrhoeic dermatitis (10, 24.39%), atopic dermatitis (7, 17.07%) and fungal infections (5, 12.19%) were seen. The least number of cases were of pityriasis alba, bacterial infections, congenital melanocytic nevus, acne, acrodermatitis enteropathica, popular urticaria and vitiligo having one case each (2.43%) (Table 20, Figure 19).

TABLE 20: DISEASE DISTRIBUTION IN <1 YEAR OF AGE

Disease	**AGE**	
	<1 year	
DERMATITIS/PAPULOSQUAMOUS DISORDERS	Number of cases	**Percentages**
Seborrhoeic dermatitis	10	24.39%
Atopic dermatitis	7	17.07%
Diaper Dermatitis	2	4.87%
Pityriasis Alba	1	2.43%
Psoriasis	0	0
Lichen Planus	0	0
Discoid eczema	0	0
Hand Eczema	0	0
Contact Dermatitis	0	0
Vector Dermatitis	0	0
Perioral dermatitis	0	0
Pompholyx	0	
Total	20	48.78%

INFECTIONS & INFESTATIONS		
Fungal	5	12.19%
Scabies	4	9.75%
Viral	2	4.87%
Bacterial	1	2.43%
IED	0	0
Leprosy	0	0
Cutaneous TB	0	0
Total	12	29.24%
Genetic / Congenital disorders		
Hemangiomas	4	9.75%
Nevus Depigmentosus	4	9.75%
Congenital Melanocytic Nevus	1	2.43%
Ichthyosis	0	0
Linear Verrucous Epidermal Nevus	0	0
Port wine stain	0	0
Palmoplantar Keratoderma	0	0
Total	9	21.95%
Noninfective dermatoses/ Appendageal disorders		
Acne	1	2.43%
Acrodermatitis Enteropathica	1	2.43%
Miliaria	0	0
Hirsutism	0	0
Premature canities	0	0
Telogen Effluvium	0	0
Sebaceous Cyst	0	0
Pyoderma gangrenosum	0	0
Total	2	4.86%
Hypersensitivity/drug reactions		
Papular urticaria	1	2.43%
Urticaria/angioedema	0	0
Cutaneous mastocytosis	0	0
Total	1	2.43%
Autoimmune dermatoses		
Vitiligo	1	2.43%
Alopecia areata	0	0
SLE	0	0
Dermatitis Herpetiformis	0	0
Total	1	2.43%

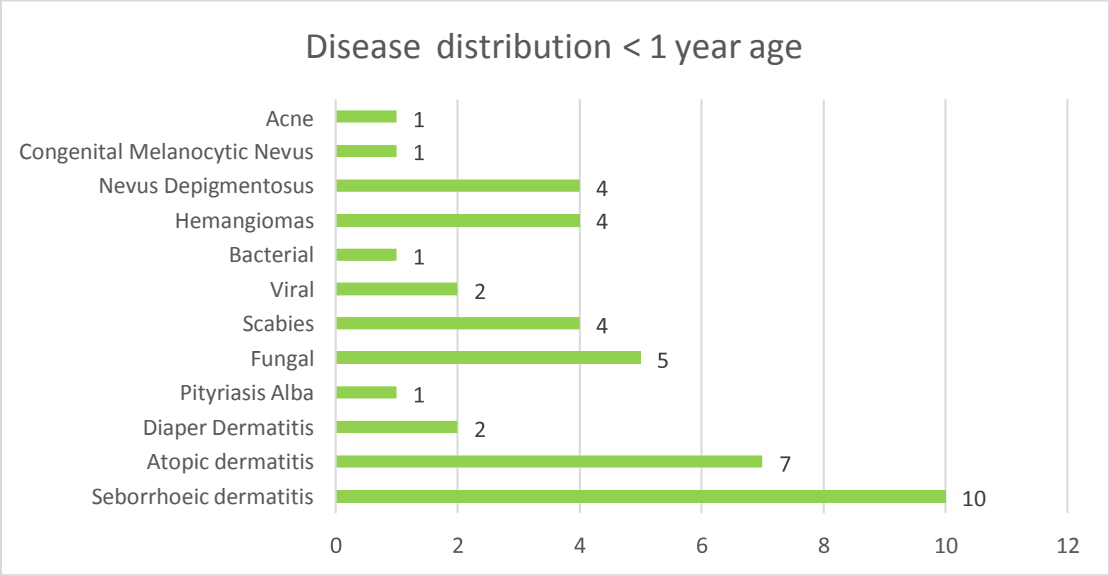

FIGURE 19: DISEASE DISTRIBUTION IN <1 YEAR OF AGE

1-5 YEARS

There were 164 (32.8%) children in this age group with 99 being male and 65 being female. The male to female ratio was 1.52:1. 170 dermatoses were seen in this category of children out of the total 521 dermatoses of the study. The maximum number of dermatoses were seen in the category infections and infestations (76, 44.70%) and dermatitis/ papulosquamous disorders (55, 32.35%), while the least were seen in the non-infective dermatoses/ appendageal disorders (3, 1.76%). The most common skin condition was atopic dermatitis with 39 (22.94%) cases followed by scabies with 35 (20.58%) cases. The least number of cases were from infectious eczematoid dermatoses, psoriasis, diaper dermatitis, vector dermatitis, acne, miliaria and alopecia areata (Table 21, Figure 20).

TABLE 21: DISEASE DISTRIBUTION IN 1-5 YEARS AGE GROUP

Disease	AGE	
	1-5 years	
INFECTIONS & INFESTATIONS	**NUMBER OF CASES**	**PERCENTAGE**
Scabies	35	20.58%
Viral	20	11.76%
Fungal	11	6.47%
Bacterial	9	5.29%
IED	1	0.58%
Leprosy	0	0
Cutaneous TB	0	0
Total	76	44.70%
DERMATITIS/ PAPULOSQUAMOUS DISORDERS		
Atopic dermatitis	39	22.94%
Seborrhoeic dermatitis	9	5.29%
Pityriasis Alba	4	2.35%

Psoriasis	1	0.58%
Diaper Dermatitis	1	0.58%
Vector Dermatitis	1	0.58%
Lichen Planus	0	0
Discoid eczema	0	0
Hand Eczema	0	0
Contact Dermatitis	0	0
Perioral dermatitis	0	0
Pompholyx	0	0
Total	55	32.35%
Hypersensitivity/drug reactions		
Urticaria/angioedema	11	6.47%
Papular urticaria	9	5.29%
Cutaneous mastocytosis	0	0
Total	20	11.76%
Autoimmune dermatoses		
Vitiligo	7	4.11%
Alopecia areata	1	0.58%
SLE	0	0
Dermatitis Herpetiformis	0	0
Total	8	4.39%
Genetic / Congenital disorders		
Hemangiomas	6	3.52%
Ichthyosis	1	0.58%
Port wine stain	1	0.58%
Nevus Depigmentosus	0	0
Congenital Melanocytic Nevus	0	0
Linear Verrucous Epidermal Nevus	0	0
Palmoplantar Keratoderma	0	0
Total	8	4.68%

Non-infective dermatoses/ Appendageal disorders		
Acne	1	0.58%
Miliaria	1	0.58%
Pyoderma gangrenosum	1	0.58%
Hirsutism	0	0
Premature canities	0	0
Telogen Effluvium	0	0
Sebaceous Cyst	0	0
Acrodermatitis Enteropathica	0	0
Total	3	1.76%

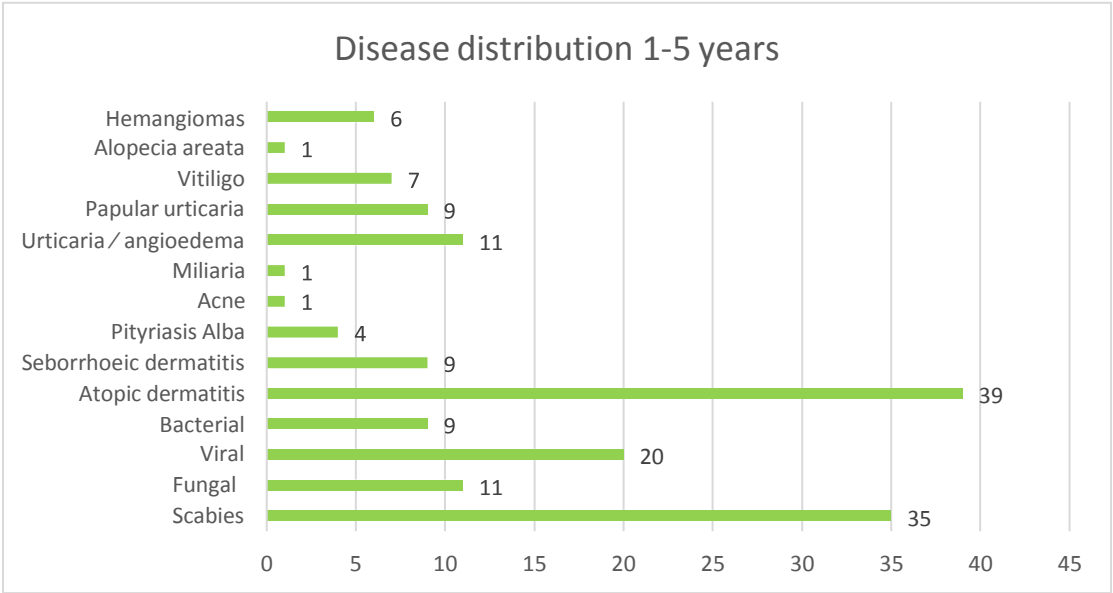

FIGURE 20: DISEASE DISTRIBUTION IN 1-5 YEARS AGE GROUP

6-10 YEARS

A total of 122 (24.2%) children were present in this age group out of which 71 were male and 51 were female (M: F=1.39:1). A total of 123 dermatoses were seen in this age group. The most common dermatoses seen in this age group was infections and infestation group accounting for 45.94% cases (57) followed by dermatoses and papulosquamous disorder group which affected 31.96% children (39). The least number of cases belong to the noninfective/ appendageal disorders with only 2 cases (1.61%). The maximum number of cases were of scabies (23, 18.54%), atopic dermatitis (18, 14.51%) and viral infections (16, 12.90%), while least number of cases were of infectious eczematoid dermatoses, vector dermatitis, miliaria and premature canities (Table 22, Figure 21).

TABLE 22: DISEASE DISTRIBUTION IN 6-10 YEARS AGE GROUP

Disease	AGE	
	6-10 years	
INFECTIONS & INFESTATIONS	**NUMBEROF CASES**	**PERCENTAGE**
Scabies	23	18.54%
Viral	16	12.90%
Fungal	11	8.87%
Bacterial	6	4.83%
IED	1	0.80%
Leprosy	0	0
Cutaneous TB	0	0
Total	57	45.94%
DERMATITIS/PAPULOSQUAMOUS DISORDERS		
Atopic dermatitis	18	14.51%
Seborrhoeic dermatitis	7	5.64%
Pityriasis Alba	6	4.83%
Lichen Planus	4	3.22%
Psoriasis	2	1.61%
Discoid eczema	2	1.61%
Diaper Dermatitis	0	0
Hand Eczema	0	0

Contact Dermatitis	0	0
Vector Dermatitis	0	0
Perioral dermatitis	0	0
Pompholyx	0	0
Total	39	31.96%
Autoimmune dermatoses		
Vitiligo	10	8.06%
Alopecia areata	4	3.22%
SLE	0	0
Dermatitis Herpetiformis	0	0
Total	14	11.28%
Hypersensitivity/drug reactions		
Urticaria/angioedema	8	6.45%
Papular urticaria	3	2.41%
Cutaneous mastocytosis	0	0
Total	11	8.86%
Noninfective dermatoses/ Appendegeal disorders		
Premature canities	1	0.80%
Miliaria	1	0.80%
Acrodermatitis Enteropathica	0	0
Hirsutism	0	0
Acne	0	0
Telogen Effluvium	0	0
Sebaceous Cyst	0	0
Pyoderma gangrenosum	0	0
Total	2	1.61%
Genetic / Congenital disorders		
Hemangiomas	0	0
Nevus Depigmentosus	0	0
Congenital Melanocytic Nevus	0	0
Ichthyosis	0	0
Linear Verrucous Epidermal Nevus	0	0
Port wine stain	0	0
Palmoplantar Keratoderma	0	0
Total	0	0

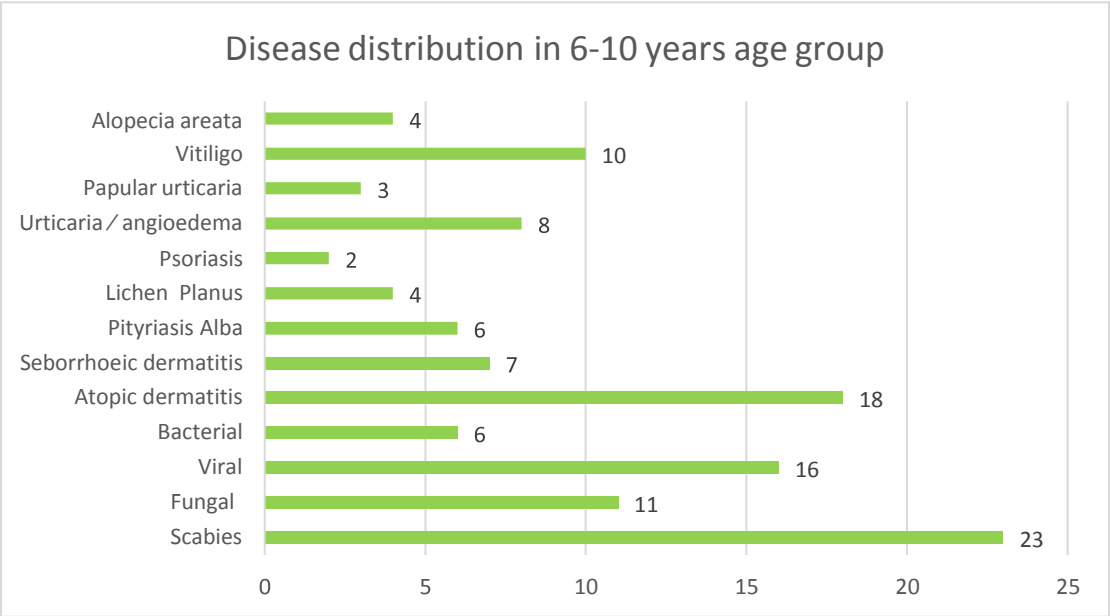

FIGURE 21: DISEASE DISTRIBUTION IN 6-10 YEARS AGE GROUP

>10 YEARS

This age group had maximum number of children i.e., 173 (34.6%) with 123 boys and 50 girls (M: F=2.46:1). A total of 183 dermatoses were seen in this age group which were the highest out of all the groups (Table 23, Figure 22). The maximum number of cases belonged to infections and infestation group (37.47%) with fungal infections (14.67%) being the most common. The least common category was genetic disorders /congenital disorders (2.16%). Acne was overall the most common disease in this category affecting 24.45% (45) children.

TABLE 23: DISEASE DISTRIBUTION IN >10 YEARS OF AGE

Disease	AGE	
	>10 years	
INFECTIONS & INFESTATIONS	**NUMBER OF CASES**	**PERCENTAGE**
Fungal	27	14.67%
Scabies	25	13.58%
Viral	12	6.52%
Bacterial	2	1.08%
IED	1	0.54%
Leprosy	1	0.54%
Cutaneous TB	1	0.54%
Total	69	37.47%
Noninfective dermatoses/ Appendegeal disorders		
Acne	45	24.45%
Hirsutism	1	0.54%
Telogen Effluvium	1	0.54%
Sebaceous Cyst	1	0.54%
Premature canities	0	0
Acrodermatitis Enteropathica	0	0
Miliaria	0	0
Pyoderma gangrenosum	0	0
Total	48	26.07%
DERMATITIS/ PAPULOSQUAMOUS DISORDERS		
Atopic dermatitis	16	8.69%

Seborrhoeic dermatitis	12	6.52%
Pityriasis Alba	3	1.63%
Lichen Planus	2	1.08%
Psoriasis	2	1.08%
Hand Eczema	2	1.08%
Diaper Dermatitis	1	0.54%
Contact Dermatitis	1	0.54%
Perioral dermatitis	1	0.54%
Pompholyx	1	0.54%
Discoid eczema	0	0
Vector Dermatitis	0	0
Total	41	23.69%
Autoimmune dermatoses		
Vitiligo	10	5.43%
SLE	1	0.54%
Dermatitis Herpetiformis	1	0.54%
Alopecia areata	0	0
Total	12	6.51%
Hypersensitivity/drug reactions		
Urticaria/angioedema	8	4.34%
Cutaneous mastocytosis	1	0.54%
Papular urticaria	0	0
Total	9	4.88%
Genetic / Congenital disorders		
Congenital Melanocytic Nevus	1	0.54%
Ichthyosis	1	0.54%
Linear Verrucous Epidermal Nevus	1	0.54%
Palmoplantar Keratoderma	1	0.54%
Hemangiomas	0	0
Nevus Depigmentosus	0	0
Port wine stain	0	0
Total	4	2.16%

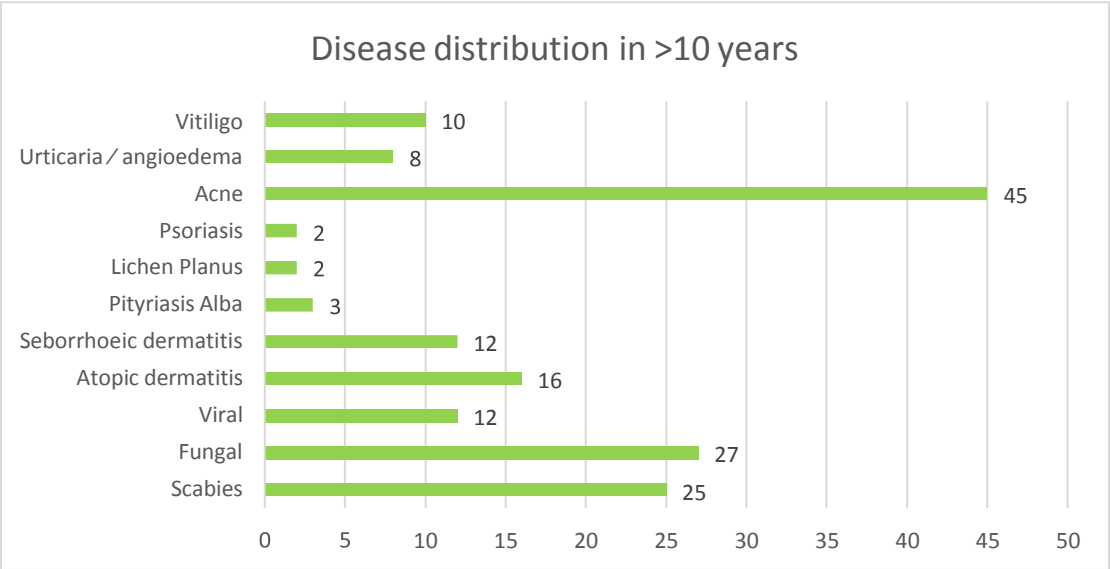

FIGURE 22: DISEASE DISTRIBUTION IN >10 YEARS OF AGE

MOST PREVALENT DISEASES IN THE STUDY

The most common disease of the study was scabies (17.40%), followed by atopic dermatitis (16%) and fungal infections (10.8%). Other dominant diseases of the study were viral infections (10%) and acne (9.4%). (Table 24)

TABLE 24: MOST PREVALENT DISEASES IN THE STUDY

S NO	DISEASE	<1 year	1-5 years	6-10 years	>10 years	TOTAL	PREVALENCE
1	Scabies	4	35	23	25	87	17.40%
2	Atopic dermatitis	7	39	18	16	80	16%
3	Fungal infections	5	11	11	27	54	10.80%
4	Viral infections	2	20	16	12	50	10%
5	Acne	1	1	0	45	47	9.40%
6	Seborrhoeic dermatitis	10	9	7	12	38	7.60%
7	Vitiligo	1	7	10	10	28	5.60%
8	Urticaria/ angioedema	0	11	8	8	27	5.40%
9	Bacterial infections	1	9	6	2	18	3.60%
10	Pityriasis alba	1	4	6	3	14	2.80%

SCABIES

In our study the most prevalent disease was scabies which affected 87 children (17.40%). Out of this 65 were male (74.71%) and 22 were female (25.29%) (Table 25, Figure 23). It was seen in all age groups with maximum frequency in 1–5year age group (35, 40.22%) followed by >10 years age group (25, 28.73%), while the least number of children were from <1 year age group (4, 5%) (Table26, Figure 24).

TABLE 25: SEX DISTRIBUTION OF SCABIES

SEX	NUMBER	PERCENTAGE
Male	65	74.71%
Female	22	25.29%
Total	87	100%

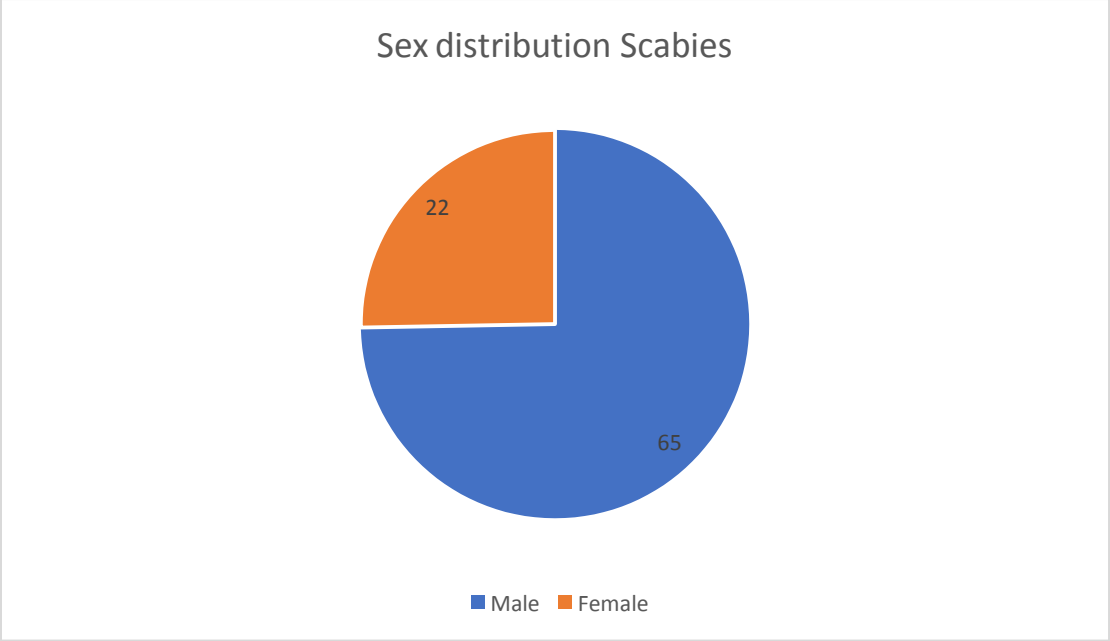

FIGURE 23: SEX DISTRIBUTION OF SCABIES

TABLE 26: AGE DISTRIBUTION OF SCABIES

Disease	<1 year	1-5 years	6-10 years	>10 years	total
Scabies	4	35	23	25	87
Percentage	5%	40.22%	26.43%	28.73%	17%

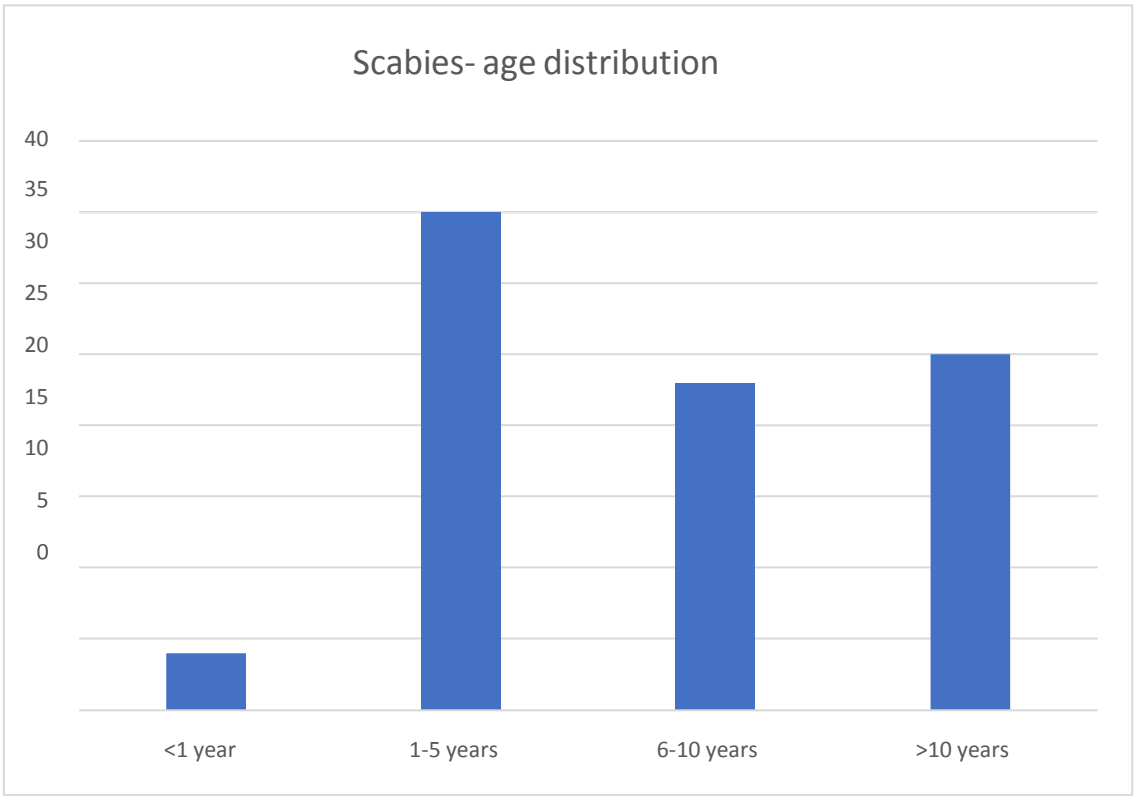

FIGURE 24: AGE DISTRIBUTION OF SCABIES

ATOPIC DERMATITIS

AD was the second most common disease in the study, affecting 80 (16%) children in our study 45 males (56.25%) and 35 female (43.75%) with male-female ratio being 1.28 (Table 27, Figure 25). The age group with maximum prevalence was 1-5 years age group comprising 48.75% of the children i.e., 39, while the least number of children affected with atopic dermatitis were <1 years age group having only 7 patients (8.75%) (Table 28, Figure 26).

TABLE 27: SEX DISTRIBUTION OF ATOPIC DERMATITIS

SEX	NUMBER	PERCENTAGE
Female	35	43.75%
Male	45	56.25%
Total	80	100%

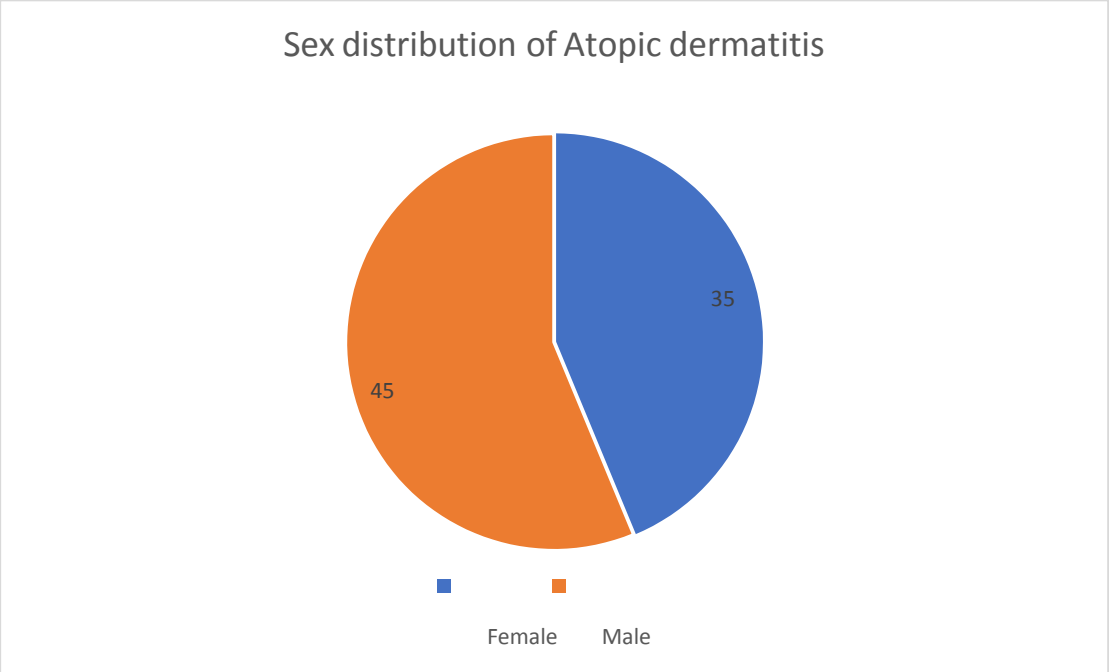

FIGURE 25: SEX DISTRIBUTION OF ATOPIC DERMATITIS

TABLE 28: AGE DISTRIBUTION OF ATOPIC DERMATITIS

Atopic dermatitis	<1 year	1-5 years	6-10 years	>10 years	total
Number	7	39	18	16	80
Percentage	8.75%	48.75%	22.50%	20%	16%

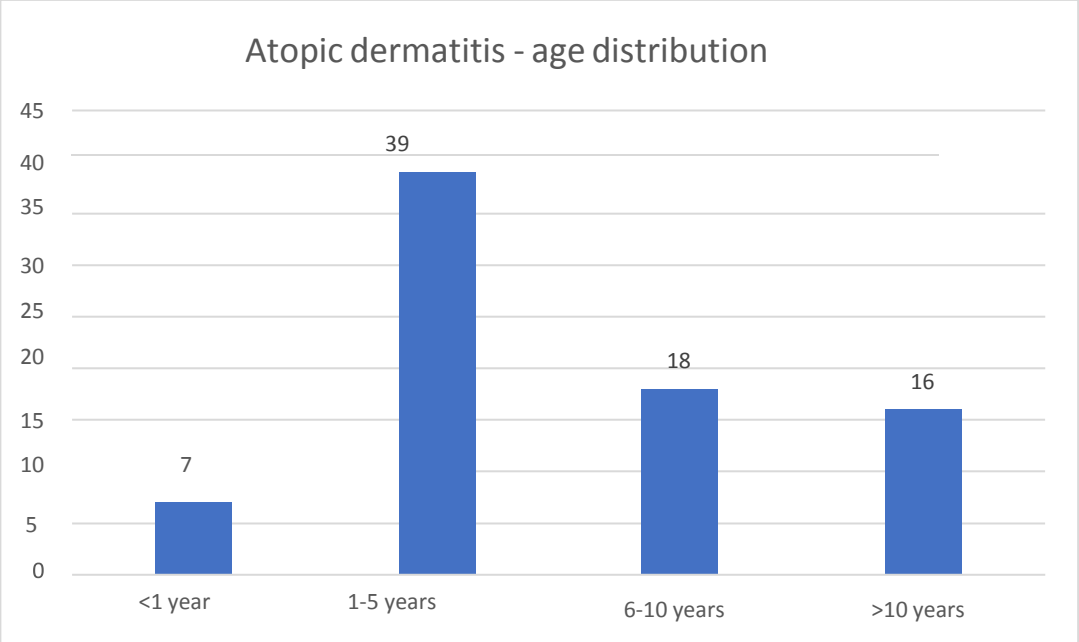

FIGURE 26: AGE DISTRIBUTION OF ATOPIC DERMATITIS

FUNGAL INFECTIONS

Fungal infections were also one of the most common infections seen in the pediatrics population with 54 cases i.e., affecting 10.80 % children. It was more common in boys (34, 62.96%) compared to girls (20, 37.03%) (Table 29, Figure 27). It affected children of all age group, more frequently the >10 years age group (27, 50%). There were only 5 children (9.25%) in the <1 year age group (Table 30, Figure 28).

TABLE 29: SEX DISTRIBUTION OF FUNGAL INFECTIONS

SEX	NUMBER	PERCENTAGE
Male	34	62.96%
Female	20	37.03%
Total	54	100%

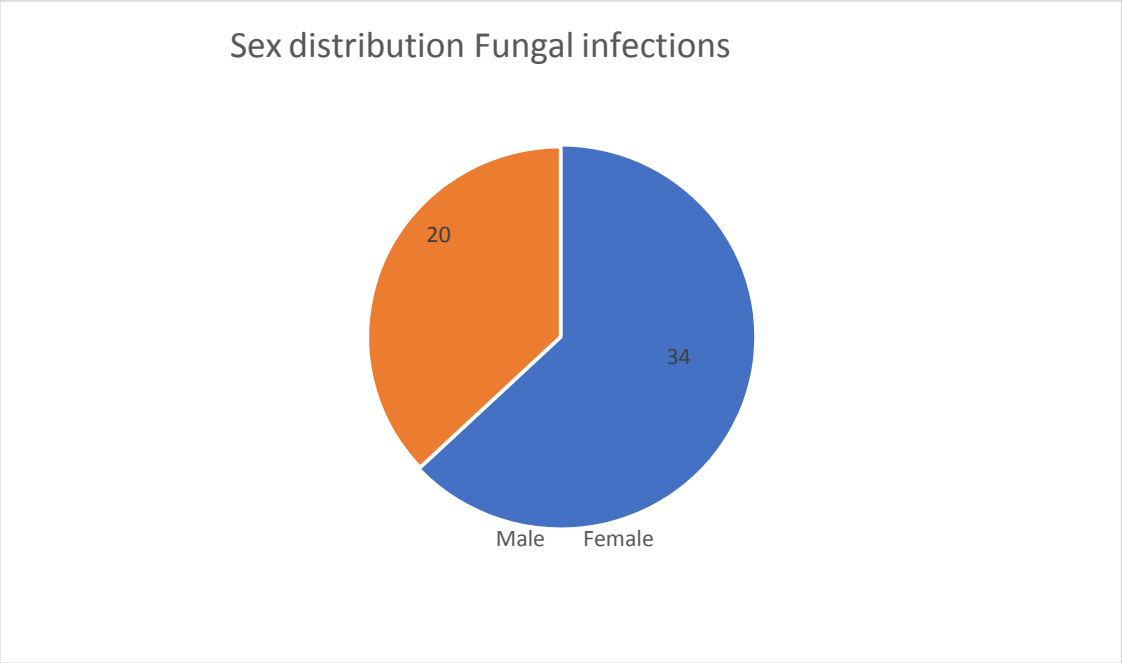

FIGURE 27: SEX DISTRIBUTION OF FUNGAL INFECTIONS

TABLE 30: AGE DISTRIBUTION OF FUNGAL INFECTIONS

Fungal	<1 year	1-5 years	6-10 years	>10 years	total
Number	5	11	11	27	54
Percentage	9.25%	20.37%	20.37%	50%	10.80%

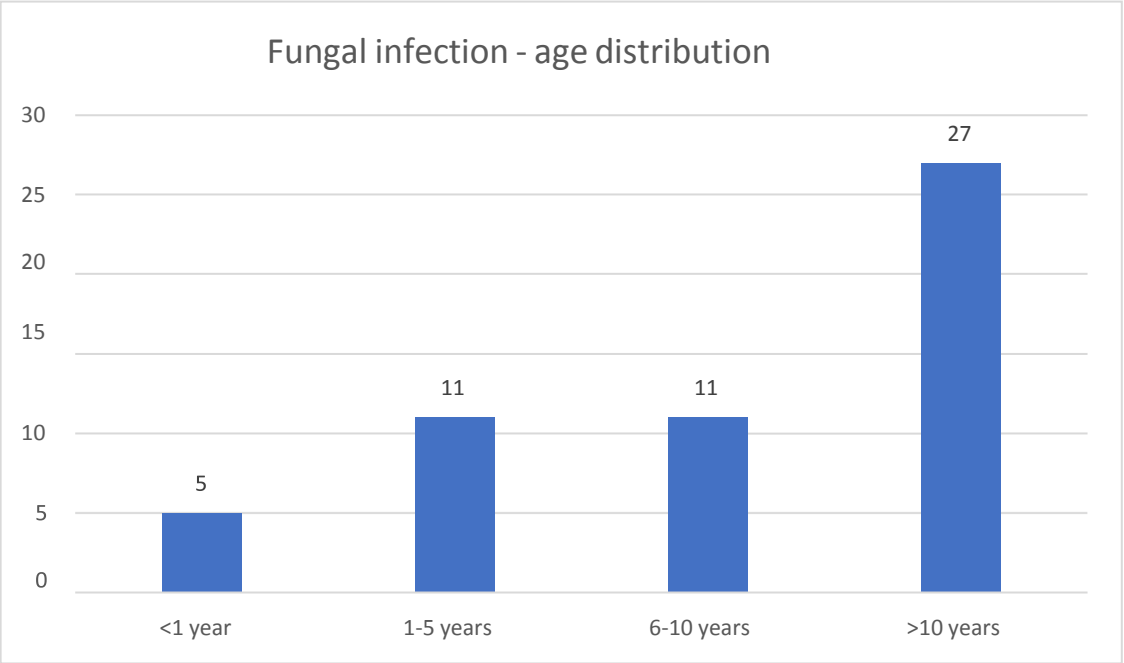

FIGURE 28: AGE DISTRIBUTION OF FUNGAL INFECTIONS

VIRAL INFECTIONS

There were 50 children (10%) affected by viral infections in the study, with 26 (52%) being male and 24 being female (48%). (Table 31, Figure 29). Maximum number of viral infections were seen in 1-5 years age group with 20 (40%) infections, while the least number of infections belonged to <1 year age category, having only 2 (4%) cases (Table 32, Figure 30).

TABLE 31: SEX DISTRIBUTION OF VIRAL INFECTIONS

SEX	NUMBER	PERCENTAGE
Male	26	52.00%
Female	24	48.00%
Total	50	100%

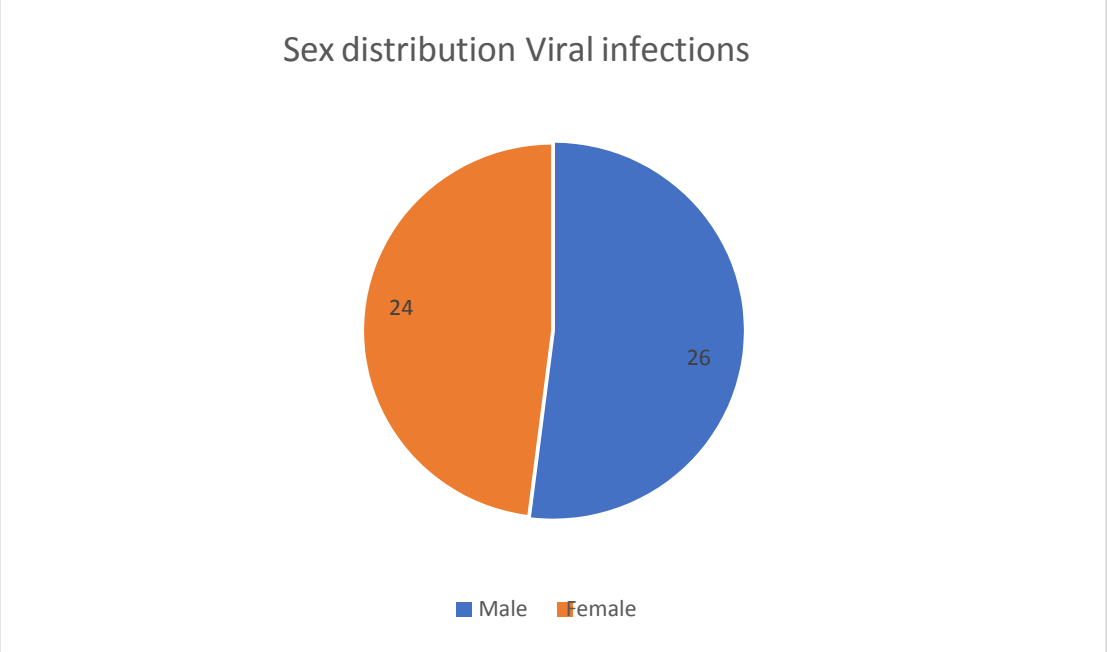

FIGURE 29: SEX DISTRIBUTION OF VIRAL INFECTIONS

TABLE 32: AGE DISTRIBUTION OF VIRAL INFECTIONS

Viral	<1 year	1-5 years	6-10 years	>10 years	total
Number	2	20	16	12	50
Percentage	4%	40%	32%	24%	10.00%

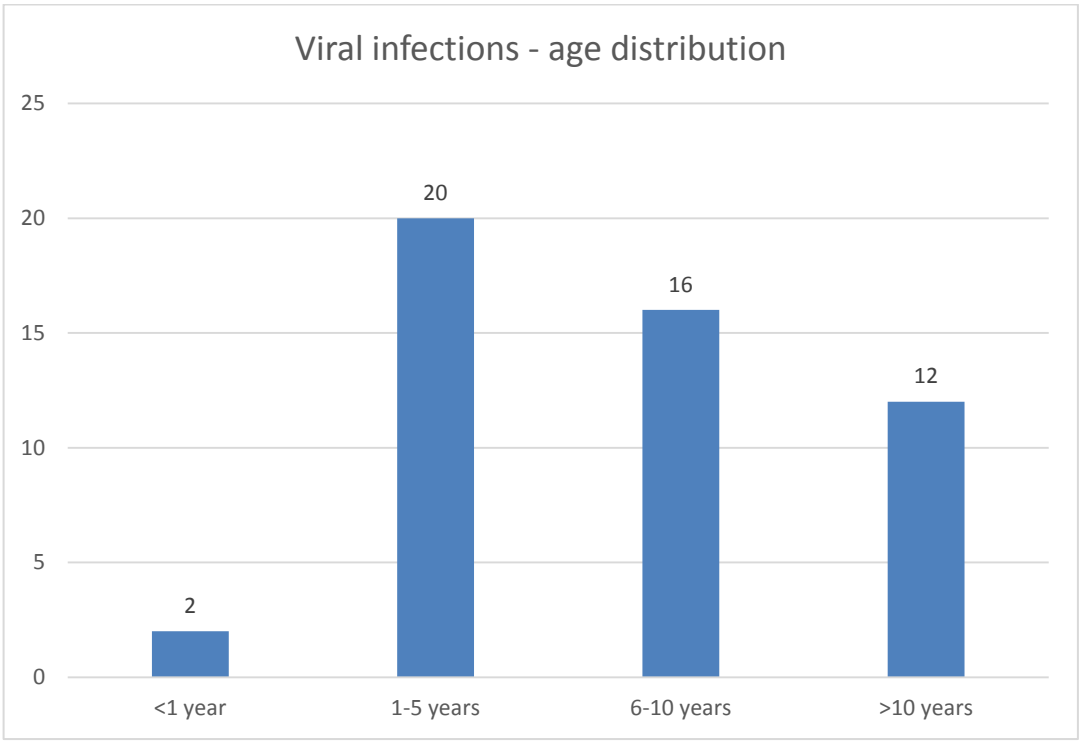

FIGURE 30: AGE DISTRIBUTION OF VIRAL INFECTIONS

ACNE

In the study there were 47 (9.40%) patients of acne. There were 38 boys (80.85%) and 9 girls (19.15%) affected by acne (Table 33, Figure 31). Majority of the patients were > 10 years age (45, 95.74%) (Table 34, Figure 32).

TABLE 33: SEX DISTRIBUTION OF ACNE

SEX	NUMBER	PERCENTAGE
Male	38	80.85%
Female	9	19.15%
Total	47	100%

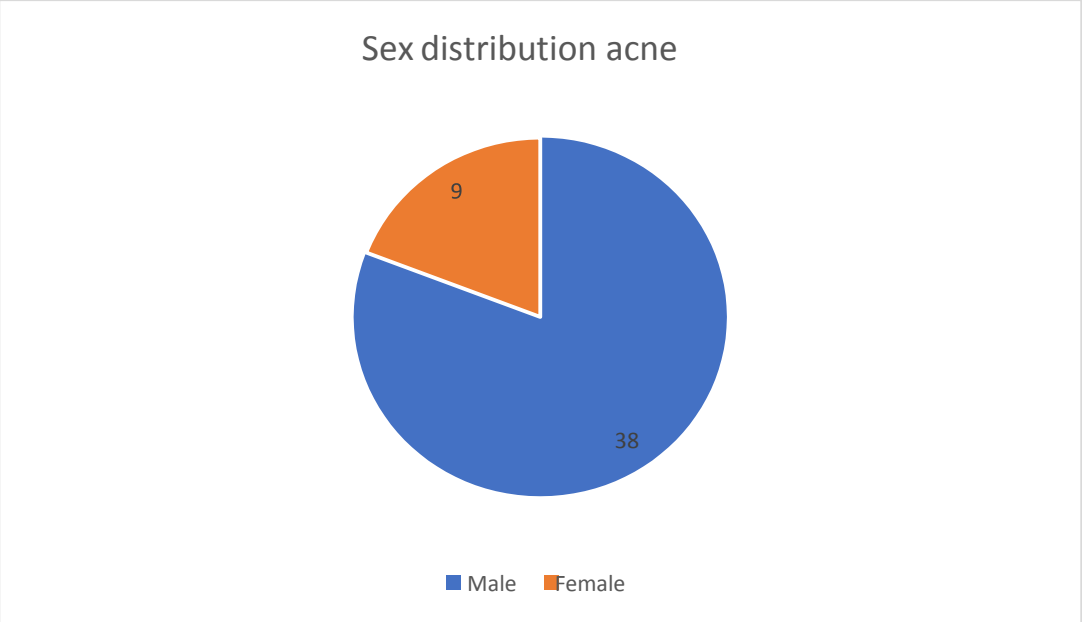

FIGURE 31: SEX DISTRIBUTION OF ACNE

TABLE 34: AGE DISTRIBUTION OF ACNE

Acne	<1 year	1-5 years	6-10 years	>10 years	total
Number	1	1	0	45	47
Percentage	2.13%	2.13%	0	95.74%	9.40%

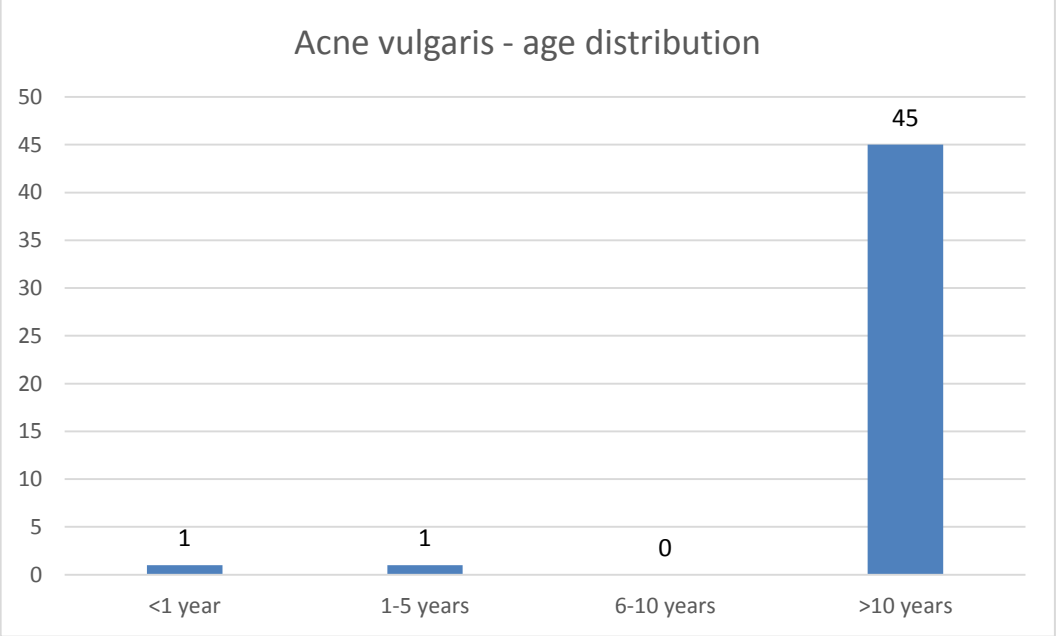

FIGURE 32: AGE DISTRIBUTION OF ACNE

DISCUSSION

The skin is considered the largest organ of the human body. It is a dynamic and complex organ with diverse functions. Being such a large organ, it is more susceptible to various diseases. In comparison to adults, skin is immature in childhood; hence it is more prone to various pathologies.

Pediatric dermatoses include all the skin diseases seen in infancy, childhood and adolescence. It includes both infectious and non-infectious skin conditions. Therefore, complaints related to skin are among the most common presenting complaints in the pediatric population.

The pediatric age group is precious in society regarding emotional, social and clinical aspects, and the diseases are quite different from those found in adulthood. Because the children are still developing, they are especially vulnerable to poor living conditions such as nutrition, inadequate health care, poverty, housing and environmental pollution, compared to the adult population. Dermatologic conditions in children not only have a physical effect on health but also influence a child's psychosocial development. The future well-being of society depends on the healthy development of children.

This cross-sectional, observational study included five hundred patients, up to the age group of 18 years, attending the outpatient and inpatient of department of Dermatology, Venereology and Leprosy and Pediatrics at Dayanand Medical College & Hospital, Ludhiana, to study the pattern and frequency of the various pediatric dermatoses.

AGE

In our study, the maximum number of patients were seen in the age group of more than 10 years of age with 173 (34.6%) patients, while the minimum number of cases were seen in the age group of less than 1 year of age with only 41 (8.2%) cases. This was similar to the finding found in the study by Poudyal et al. [76] with the age group 12-17 years showing the maximum dermatoses. On the contrary, the studies by Sardana et al.[16], Karthikeyan et al.[68], Jawade et al. [69] and Hassan et al.[72] showed the preschool age group

with the maximum dermatological manifestations. In our study, the youngest patient was 1 month old, while the oldest was 17 years old. The mean age in our study was 7.75 ±5.36 years. This difference was probably due to the different types of populations considered for various studies. Moreover, a more comprehensive range of age groups was considered in our study, including the entire pediatric age group, i.e., all children below 18 years. (Table 35)

TABLE 35: COMPARISON OF THE MOST COMMON AGE GROUP AMONG DIFFERENT STUDIES

Study	*Geet Gunjana et al*.[61] (2017)	Balai, *et al*.[71] (2021)	Sardanaet al.[16] (2009)	Karthikeyan et al.[68] (2003)	Hassanet al.[72] (2014)	Poudyal et al.[76] (2016)	Jawade et al[69] 2021	Current study
Age group	6 - 16 years 39.40%	Not mentioned	1-5 years (44.94%)	1- 4 years (38.6%)	2-5 years (35.5%)	12–17 years (61.3%)	1-6 years (46.32%)	>10 years (34.6%)

GENDER

In our study, there was a male preponderance with 315 (63%) males and 185 (37%) females, with the ratio being 1.7: 1. This male preponderance was also seen in the studies conducted by Geet Gunjana et al. [61], Balai et al. [71] and Sardana et al.[16] Contrary to our study, female preponderance was seen in the study by Karthikeyan et al.[68] with male to female ratio being 0.9:1. This variation might be due to the difference in the sex ratio across different regionsof our country (Table 36).

TABLE 36: COMPARISON OF GENDER DISTRIBUTION AMONG DIFFERENT STUDIES

Gender distribution	Geet Gunjana et al.[61] (2017)	Balai, *et al*.[71] (2021)	Sardana et al.[16] (2009)	Karthikeyan et al.[68] (2003)	Hassan et al.[72] (2014)	Poudyal et al. [76] (2016)	Jawade et al[69] 2021	Current study
Male	307 (61.40%)	566 (55.11%)	15,526 (51.62%)	995 (47.4%)	-	2953 (54.70%)	596 (58.37%)	315 (63%)
Female	193 (38.60%)	461 (44.89%	14,552 (48.38%)	1105 (52.6%)	-	2445 (45.3%)	425 girls (41.62%)	185 (37%)
Ratio	1.59:1	1.23:1.	1.07:1	0.9: 1.	1.4:1	1.2 : 1	1.4:1	1.7: 1.

PATTERN OF DISEASE

In our study, a total of 521 dermatoses were seen in 500 patients. Our study's most common disease category was infections and infestations (42.80%), followed by dermatitis/ papulosquamous disorders (31%). This was similar to the previous studies conducted in our country.[16,61,68,69,71,72] Infections and infestations were also the most prevalent skin condition in studies conducted in foreign countries like Nepal and Tanzania.[76,214] However, contrary to our study, few studies have more prevalent non-infectious dermatoses.[66,215,216] This variation might be due the poor hygiene, low socioeconomic status, low education levels and fewer accessible healthcare facilities in our country.

In our study's infections and infestation category, scabies (17.40%) was the most common disease, followed by fungal infections (10.80%), similar to the study by Jawade et al.[69] In most studies, bacterial infections were the most frequent manifestation in the infections and infestation category.[16,61,68,71] In the study by Hassan et al. [72], viral infections were the most common, while in the study by Poudyal et al. [76], fungal infections were the most common.

Among the fungal infections, the most common was tinea corporis (46.3%) and pityriasis versicolor (16.7%). This differed from other studies in which tinea capitis was the most prevalent fungal infection. [16,69,71,76,214]

The most common viral infections were molluscum contagiosum (54%) and verruca vulgaris (14%), which was similar to the findings of Jawade et al. [69], Sardana et al. [16] and Balai et al.[71] In the study by Nanda et al. [66], warts were the most common viral infection.

The most prevalent bacterial infection was impetigo contagiosum (55.6%), just like the findings of Kiprono et al. [214] and Balai et al.[71] This finding differed from the study by Karthikeyan et al. [68], in which pyodermas were the most common. Cases of leprosy (0.20%) and cutaneous TB (0.20%) were also seen in the study.

Our study's second most common disease category was dermatitis/ papulosquamous disorders affecting 31% of patients. This was similar to many previous studies[16,61,68,69,71,76] while different from the study conducted by Hassan et al. [72] in which pigmentary disorders (14.1%) were the most common. In this category most common disease was atopic dermatitis (16%), making it the second most common disease in the study. This was similar to the study by Jawade et al. [69] and Kiprono et al. [214], contrary to the study conducted by Sardana et al.[16] in which Infantile seborrheic dermatitis (10.49%) was the most common disease in the dermatitis category. Our study had substantial number of cases of seborrheic dermatitis (7.60%) and pityriasis alba (2.80%) similar to the study by Balai et al.[71]

Acne (9.4%), belonging to non-infectious dermatoses/ appendageal disorders (11%) category, was a prevalent cutaneous manifestation of this study, similar to the study by Poudyal et al.[76] (10.1%). This similarity might be due to more teenagers being recruited in both studies. This was contrary to the study by Sardana et al. [16], in which the number of cases of acne (0.08%) was very low. The other diseases in this category, including miliaria (0.4%), acrodermatitis enteropathica (0.02%), hirsutism (0.02%), premature canities (0.02%) andtelogen effluvium (0.02%) had significantly less number of cases.

In the hypersensitivity/ drug reactions (8.2%) category, urticaria/ angioedema (5.40%) was the most common disease, followed by papular urticaria (2.60%), similar to the study by Sardana et al. [16], having 4.46% cases of urticaria and

3.59% cases of papular urticaria, but was different from the finding of Nanda etal. [66] (0.13%).

Autoimmune dermatoses was the category with the second least number of cases, i.e. 7%. In this category maximum number of cases were of vitiligo (5.60%), which was comparatively higher compared to other studies.[16,66]

1% of cases of alopecia areata were also seen in the study, which was comparable with the findings of Sardana et al. [16] (1.09%), while different to thefindings of Nanda et al. [66] (6.7%).

The least frequent category was genetic/ congenital disorders which affected only 4.20% of the study population which was similar to the study of Sardana et al. [16]. In this category, our study had 10 (2%) cases of hemangioma which was similar to previous studies.[16,68,69] Our study had 2 cases of ichthyosis (0.4%) and 1 case (0.2%) of palmoplantar keratoderma making them a rare finding of the study.(Table 37)

TABLE 37: COMPARISON OF DISEASE DISTRIBUTION AMONG DIFFERENT STUDIES

Disease Distribution	Geet Gunjana et al.[61] (2017)	Balai, *et al.*[71] (2021)	Sardana et al.[16] (2009)	Karthikeyan et al.[68] (2003)	Hassan et al.[72] (2014)	Poudyal et al. [76] (2016)	Jawadeet al. [69] 2021	Current study
Most common dermatoses	Infections & Infestations (69.4%) -Bacterial (36.8%) -Viral (17.4%)	Infections & Infestations (40.60%) -Bacterial (13.72%)	Infections & Infestations (47.15%) -Bacterial	Infections& Infestations (54.5%) -Pyodermas (47.13%) -Scabies (30.6%)	Infections& Infestations (29.4%) -Viral -Fungal	Fungal infections (18.5%)	Infections& Infestations (56.40%) -Parasitic (25.73%)	Infections& Infestations (42.80%) - Scabies (17.40%) -Fungal (10.80%)

SUMMARY AND CONCLUSION

The present study was conducted to study the pattern of pediatric dermatoses in 500 patients. After taking the assent/consent, a detailed history and comprehensive general and cutaneous examination was carried out. The observations and results were tabulated and represented graphically. The summary of the observations is as follows.

- Majority of the patients were >10 years of age (34.6%) with the mean age being 7.75□5.36 years.
- A male preponderance was seen in the study with 63% males and 37% females. This male preponderance was also seen in each age group.
- Most common investigation used in the study was KOH for fungal scraping (2.8%) and woods lamp (1.4%).
- A total of 521 dermatoses were seen.
- The most common disease category was infections and infestations which affected 42.80% children, followed by Dermatitis/ Papulosquamous disorders (31%).
- The least prevalent category was Genetic/ Congenital disorders affecting 4.20% of the study population.
- In the Infections and infestations group, the most common diseases were scabies (17.40%) and fungal infections (10.80%), followed by viral infections (10%).
- In the Dermatitis/Papulosquamous disorders category, the most common diseases were atopic dermatitis (16%) and seborrhoeic dermatitis (7.60%)
- In the Non-infective dermatoses/ Appendageal disorders category, acne (9.40%) was the most frequent disorder.
- Hemangiomas (2%) was the most common disorder in the Genetic/ Congenital disorders category.
- Overall, the most common disease in the study was scabies (17.40%).
- After scabies, the most common diseases were atopic dermatitis (16%), fungal infections (10.80%), viral infections (10%) and acne (9.40%).

CONCLUSION

The pediatric age group is precious in society due to emotional, social and clinical aspects. They are the future of our society, and their health should be our main priority. Hence, the main aim of our study was to understand the pattern of dermatoses affecting the children in our region of the country. Our study found that infections and infestations were the primary diseases affecting children. This suggests the poor status of hygiene & personal cleanliness in our part of society. This can also be a proxy marker for malnutrition, inadequate health care, poverty, housing and environmental pollution.

In order to monitor the pattern of skin ailments in children and to understand the relationship between skin diseases and various parameters such as age, gender etc., there is a necessity for epidemiologic data. Apart from studying the changing trends in pediatric dermatoses, this epidemiologic data also serves as a root for framing healthcare programs by healthcare professionals in primary healthcare to decrease long-term morbidity and socioeconomic brunt associated with diseases.

Furthermore, this background knowledge can increase public awareness regarding sanitation, personal hygiene and nutrition of children. Here particular emphasis should be placed on educating the parents and teachers so they can imbibe the essential lifestyle modifications in the children's routine to help build a healthier tomorrow. Moreover, the country's overall health will improve and more remarkable socioeconomic development will prevail.

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IMAGES

IMAGE 1a: Scabies (Ventral view)

IMAGE 1b: Scabies (Dorsal view)

IMAGE 2: Scabies with secondary infection

IMAGE 3a: Atopic Dermatitis

IMAGE 3b: Atopic Dermatitis

IMAGE 4: Atopic Dermatitis

IMAGE 5: Tinea Corporis

IMAGE 6: Tinea Corporis

IMAGE 7: Pityriasis Versicolor

IMAGE 8: Herpes Zoster

IMAGE 9: Herpes Zoster with secondary infection and ulceration

IMAGE 10: Varicella

IMAGE 11: Molluscum Contagiosum

IMAGE 12: Verruca Vulgaris

IMAGE 13: Acne Vulgaris

IMAGE 14: Seborrhoeic dermatitis

IMAGE 15: Vitiligo

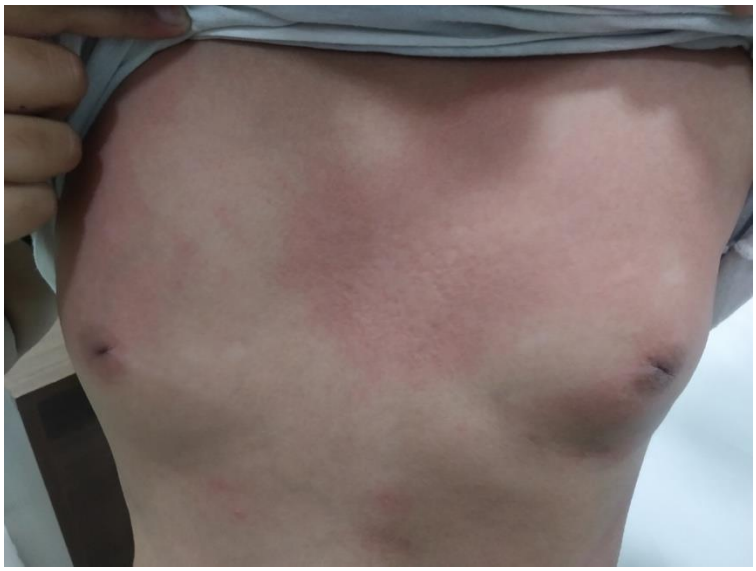

IMAGE 16: Acute Urticaria

IMAGE 17: Angioedema

IMAGE 18: Impetigo Contagiosa

IMAGE 19: Impetigo Contagiosa

IMAGE 20: Pyoderma

IMAGE 21: Hemangioma

IMAGE 22: Hemangioma

IMAGE 23: Psoriasis (Scalp)

IMAGE 24: Psoriasis Vulgaris

IMAGE 25: Palmoplantar Psoriasis

IMAGE 26: Pityriasis alba

IMAGE 27: Alopecia areata

IMAGE 28: Lichen Planus (Nails)

IMAGE 29: Naevus depigmentosus

IMAGE 30: Infectious eczematoid dermatitis

IMAGE 31a: Acrodermatitis Enteropathica

IMAGE 31b: Acrodermatitis Enteropathica

IMAGE 32: Perioral dermatitis

IMAGE 33: Port wine stain

IMAGE 34: Ichthyosis

IMAGE 35: Ichthyosis

KEY TO MASTER CHART

+ - Present

AD - Atopic dermatitis

CBC - Complete blood count

CD - Contact dermatitis

F- Female

GPE- General Physical Examination

HPE- Histopathology Examination

IED- Infectious Eczematoid Dermatitis

IH - Infantile Hemangioma

KOH- Potassium hydroxide

M- Male

MC - Molluscum contagiosum

N- No

N/A- Not Applicable

PA - Pityriasis Alba

PMLE- Polymorphic Light Eruption

SD - Seborrheic dermatitis

SLE- Systemic lupus erythematosus

WNL- Within Normal Limit

Y- Yes

										CUTANEOUS MANIFESTATIONS														
S NO	MRD	NAME	AGE	SEX	FATHERS NAME	DATE	GPE	HEIGHT (M)	WEIGHT (KG)	Itching	Redness	Discoloration	Dryness of skin	Scaling	Oozing	Pain	Other	Macule	Patch	Papule	Plaque	Pustule	Vesicle	Bulla
1	735411	GK	4	f	BS	01-03-2021	wnl	1.07	17	y	y	n	n	y	n	n	n/a	n	n	y	y	n	n	n
2	1000704	SA	12	m	TA	01-03-2021	wnl	1.48	40	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
3	1002010	S	5	f	GK	01-03-2021	wnl	1	15	y	y	y	y	y	n	n	n/a	y	n	y	y	n	n	n
4	1024856	DS	2	m	KS	02-03-2021	wnl	0.86	12.5	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
5	1029549	PK	2	f	HS	02-03-2021	wnl	0.87	13	y	y	y	y	n	n	n	n/a	n	n	n	y	n	n	n
6	1037684	TSB	13	m	IS	02-03-2021	wnl	1.55	41	y	y	n	y	y	n	n	n/a	n	n	y	n	n	n	n
7	668156	AK	8	m	DS	04-03-2021	wnl	1.25	25.9	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
8	9019955	PS	9	m	MS	04-03-2021	wnl	1.17	31	y	n	y	n	n	n	n	n/a	n	n	y	y	n	n	n
9	206180	S	10	f	R	06-03-2021	pallor +	1.38	33	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
10	1043135	PS	10	f	CS	06-03-2021	wnl	1.39	35	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
11	1047390	A	10	m	AK	10-03-2021	pallor +	1.4	35	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
12	1020502	I	4	f	AK	10-03-2021	pallor +	1.04	16	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
13	1047971	S	1	m	MA	11-03-2021	wnl	0.75	9.2	y	y	n	y	n	n	n	n/a	n	n	y	n	n	n	n
14	1048058	KS	16	m	SS	11-03-2021	wnl	1.67	58	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
15	523528	KS	11	f	RK	12-03-2021	wnl	1.44	37	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
16	1049350	PV	7	m	LK	12-03-2021	wnl	1.23	24	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
17	1021295	MK	2	f	HS	13-03-2021	wnl	0.85	12	y	n	n	y	y	n	n	n/a	n	n	n	n	n	n	n
18	1049914	PS	13	m	GS	13-03-2021	wnl	1.55	46	y	y	y	n	n	n	n	n/a	n	n	y	y	n	n	n
19	1052993	DG	3	m	JG	16-03-2021	wnl	0.95	14	y	y	n	n	n	n	n	n/a	n	n	y	y	n	n	n
20	1053070	DC	3	f	SS	16-03-2021	wnl	0.98	15	n	n	n	n	n	n	n	n/a	n	n	n	y	n	n	n
21	756412	GS	16	m	RS	16-03-2021	wnl	1.68	58	n	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
22	563135	AS	13	m	JS	17-03-2021	wnl	1.57	47	y	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
23	1055520	MS	4	m	HS	18-03-2021	wnl	1.05	21	y	y	y	n	n	y	n	n/a	n	n	y	n	n	n	n
24	344944	J	6	f	MK	18-03-2021	pallor +	1.1	22	n	n	n	n	n	n	n	hairloss	n	y	n	n	n	n	n
25	1062268	TS	1	m	JS	23-03-2021	wnl	0.78	11	y	y	n	n	n	n	n	wheals	n	n	n	n	n	n	n
26	1018793	K	5	f	VP	23-03-2021	wnl	1.08	18	y	y	y	y	y	n	n	n/a	n	n	n	y	n	n	n
27	1033178	A	0.25	f	A	23-03-2021	wnl	0.65	5	y	y	n	n	y	n	n	n/a	n	n	n	y	n	n	n
28	1062084	HK	0.5	f	HS	23-03-2021	wnl	0.71	7	y	y	n	y	y	n	n	n/a	n	n	n	y	n	n	n
29	1027482	A	4	m	RK	23-03-2021	wnl	1.02	17	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
30	1034357	AS	17	m	GS	25-03-2021	wnl	1.78	60.5	y	y	n	y	y	n	n	n/a	n	n	n	y	n	n	n
31	1064299	JS	5	m	KS	25-03-2021	pallor +	1.1	20	y	y	n	y	y	n	n	n/a	n	n	n	y	n	n	n
32	850564	S	12	f	P	25-03-2021	wnl	1.49	47	y	n	n	n	n	n	y	n/a	n	n	n	n	n	n	n
33	1064400	TS	15	m	MS	25-03-2021	wnl	1.53	57	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
34	782983	D	1	m	JS	30-03-2021	wnl	0.73	11.5	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
35	8001	MK	11	m	SK	30-03-2021	wnl	1.42	36	y	y	n	n	n	n	n	n/a	n	n	y	n	n	y	n
36	1070354	RK	1	f	VK	31-03-2021	wnl	0.75	11.6	y	y	n	y	y	n	n	n/a	n	n	y	y	n	n	n
37	1071830	A	10	f	R	01-04-2021	wnl	1.42	41	n	n	y	n	n	n	n	n/a	n	n	n	n	n	n	n
38	998806	A	5	m	CK	01-04-2021	wnl	1.08	18	n	n	y	n	y	n	n	n/a	y	y	n	n	n	n	n
39	1008723	A	12	m	M	01-04-2021	wnl	1.5	37	n	n	n	n	n	y	y	n/a	n	n	n	n	y	n	n
40	731964	TA	14	m	VK	01-04-2021	wnl	1.63	51	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
41	265091	R	13	f	SS	02-04-2021	wnl	1.56	46	y	n	n	n	y	n	n	n/a	n	n	n	y	n	n	n
42	978302	N	0.8	f	JS	02-04-2021	wnl	0.71	8.9	y	y	n	y	y	n	n	n/a	n	n	y	n	n	n	n
43	951056	VK	1	f	BS	02-04-2021	wnl	0.76	9	n	y	n	n	n	n	n	n/a	n	n	y	y	n	n	n
44	1030663	OC	0.6	f	VC	02-04-2021	pallor +	0.67	7.6	y	y	n	n	n	n	n	n/a	n	y	n	n	n	n	n
45	1072852	T	9	f	GS	02-04-2021	pallor +	0.3	26.5	y	y	n	y	y	n	y	fissuring	n	n	n	y	n	n	n
46	1073557	AA	1	m	GK	03-04-2021	wnl	0.8	12	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
47	83344	HB	17	f	NB	03-04-2021	wnl	1.65	54	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
48	711507	TS	2	m	AS	03-04-2021	wnl	0.87	12.5	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
49	306964	H	8	m	K	03-04-2021	wnl	1.2	24.5	y	y	n	n	y	n	n	n/a	n	n	y	n	n	n	n
50	978459	T	0.6	f	KS	03-04-2021	wnl	0.68	9.7	y	y	n	n	n	y	n	n/a	n	n	n	n	y	n	n
51	1074231	JK	5	m	JS	03-04-2021	wnl	1.25	36	y	y	n	y	y	y	n	n/a	n	n	n	y	n	n	n
52	1031426	JK	4	f	LS	04-04-2021	wnl	1.02	17	y	y	n	y	y	n	n	n/a	n	n	n	y	n	n	n
53	1076076	APS	9	m	RS	05-04-2021	wnl	1.33	2.9	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
54	1075981	V	10	m	T	05-04-2021	wnl	1.45	48	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
55	7908	SK	8	f	DS	06-04-2021	wnl	1.27	24	y	y	y	y	y	n	n	n/a	n	n	n	y	n	n	n
56	1009204	HS	3	m	SS	06-04-2021	wnl	0.95	15	y	n	n	n	y	n	n	n/a	n	n	n	n	n	n	n
57	1077423	GK	1	m	GS	06-04-2021	wnl	0.8	11	y	y	n	n	y	n	n	n/a	n	n	n	y	n	n	n
58	1077370	OK	12	m	AM	06-04-2021	pallor +	1.5	39	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
59	1077255	S	1	m	PD	06-04-2021	wnl	0.79	10	y	y	n	y	y	n	n	n/a	n	n	n	y	n	n	n
60	1078603	GK	13	f	HS	07-04-2021	pallor +	1.58	46	y	n	n	y	y	n	n	n/a	n	n	n	y	n	n	n
61	786745	GSG	2	m	GSG	08-04-2021	wnl	0.83	11.6	y	y	y	y	y	n	n	n/a	n	n	n	y	n	n	n
62	1081194	Y	2	m	PK	09-04-2021	pallor +	0.94	14.2	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
63	1081829	K	17	m	AS	10-04-2021	wnl	1.72	58	y	n	n	n	n	n	n	n/a	n	n	y	n	y	n	n
64	942268	V	10	m	JS	11-04-2021	wnl	1.36	28	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
65	1087828	S	0.5	m	A	16-04-2021	wnl	0.65	6	y	n	n	n	y	n	n	n/a	n	n	n	y	n	n	n
66	1087352	A	13	m	MK	16-04-2021	wnl	1.54	46	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
67	763911	A	2	f	MK	17-04-2021	pallor +	0.84	11	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
68	1088111	R	7	m	MK	17-04-2021	wnl	1.21	21	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
69	1091625	PV	10	m	T	21-04-2021	wnl	1.56	42	y	y	n	y	y	n	n	n/a	n	n	n	y	n	n	n
70	1092807	GS	3	m	NS	22-04-2021	wnl	0.89	13	y	n	n	y	y	n	n	n/a	n	n	n	y	n	n	n
71	1092762	LK	1	m	GS	22-04-2021	wnl	0.68	8	n	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
72	784419	YK	5	m	KK	23-04-2021	pallor +	1.1	19	y	n	n	n	y	n	n	n/a	n	n	n	n	n	n	n
73	67521	MS	11	m	MA	24-04-2021	wnl	1.43	36	n	n	y	n	n	n	n	n/a	n	n	n	n	n	n	n
74	6495	DS	7	m	MS	26-04-2021	wnl	1.3	32	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
75	282348	G	11	m	VK	27-04-2021	pallor +	1.34	42	n	n	n	n	n	n	n	n/a	n	n	n	n	n	n	n
76	1096132	R	16	m	KP	29-04-2021	wnl	1.7	56	n	y	y	y	n	n	n	n/a	y	y	n	n	n	n	n
77	1099242	ND	11	m	JS	29-04-2021	wnl	1.44	36	n	n	y	n	n	n	n	n/a	y	y	n	n	n	n	n
78	1098902	L	8	m	DS	29-04-2021	wnl	1.29	24.5	y	n	y	y	y	n	n	n/a	n	n	n	y	n	n	n
79	887716	HS	1	m	GS	30-04-2021	wnl	0.74	7.8	y	y	y	y	n	n	n	n/a	n	n	y	y	n	n	n

	MORPHOLOGY OF LESIONS						SITE OF LESION																		
S NO	Other	Annular lesion	Scaling	Discoloration	Hyperpigmented	Hypopigmented	Scalp	Face	Neck	Trunk	Upper limb	Hands	Groins	Buttocks	Lower limb	Feet	Nails	RELEVANT INVESTIGATION	Vitiligo	Diaper dermatitis	PA	SD	Vector Dermatitis	CD	AD
1	n	n	y	n	n	n	y	n	n	y	y	n	n	n	y	n	n	none	n	n	n	n	n	n	n
2	excoriation	n	n	n	n	n	n	n	n	n	n	y	y	y	y	n	n	none	n	n	n	n	n	n	n
3	n	n	n	n	n	n	y	y	y	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
4	n	n	n	n	n	n	n	n	n	y	n	y	n	n	y	n	n	none	n	n	n	n	n	n	n
5	n	n	y	y	y	n	n	n	n	n	n	y	n	n	n	n	n	none	n	n	n	n	n	n	n
6	excoriation	n	n	n	n	n	n	n	n	y	y	n	n	n	y	n	n	none	n	n	n	n	n	n	y
7	n	n	n	n	n	n	n	n	y	y	n	n	n	n	y	n	n	none	n	n	n	n	n	n	n
8	n	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	none	n	n	n	n	n	n	n
9	n	n	n	y	n	y	n	y	n	n	n	n	n	n	n	n	n	none	n	n	y	n	n	n	n
10	wheals	n	n	n	n	n	n	y	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
11	n	n	n	n	n	n	n	n	n	y	n	y	y	n	y	n	n	none	n	n	n	n	n	n	n
12	n	n	n	y	n	y	n	y	n	n	n	n	n	n	n	n	n	none	y	n	n	n	n	n	n
13	excoriation	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	none	n	n	n	n	n	n	y
14	excoriation	n	n	n	n	n	n	n	n	y	n	n	y	n	y	n	n	none	n	n	n	n	n	n	n
15	excoriation	n	n	n	n	n	n	n	n	y	n	n	y	n	n	n	n	none	n	n	n	n	n	n	n
16	n	n	n	y	n	y	n	n	n	n	n	n	y	n	n	n	n	none	y	n	n	n	n	n	n
17	n	n	y	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
18	excoriation	y	n	y	y	n	n	y	n	y	n	y	y	y	y	n	n	none	n	n	n	n	n	n	n
19	n	n	n	n	n	n	n	y	n	n	n	n	n	n	y	n	n	none	n	n	n	n	n	n	y
20	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
21	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
22	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
23	n	y	y	n	n	n	n	n	n	n	n	n	n	y	n	n	n	none	n	n	n	n	n	n	n
24	hairloss	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
25	wheals	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
26	n	n	y	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
27	n	n	y	n	n	n	n	y	n	y	n	n	n	n	y	n	n	none	n	n	n	n	n	n	y
28	n	n	y	n	n	n	n	y	n	n	n	n	n	n	y	n	n	none	n	n	n	n	n	n	y
29	wheals	n	n	n	n	n	n	n	n	y	y	n	n	n	y	n	n	none	n	n	n	n	n	n	n
30	n	n	y	n	n	n	n	n	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
31	n	n	y	n	n	n	n	y	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
32	ulcer	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
33	excoriation	n	n	n	n	n	n	n	n	y	n	y	n	y	y	n	n	none	n	n	n	n	n	n	n
34	excoriation	n	n	n	n	n	n	n	n	n	n	y	y	y	n	n	n	none	n	n	n	n	n	n	n
35	n	n	n	n	n	n	n	y	y	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
36	n	n	y	n	n	n	n	y	n	n	n	y	n	n	n	n	n	none	n	n	n	n	n	n	y
37	n	n	n	y	n	n	n	n	y	n	n	n	n	n	n	n	n	skin biopsy HPE	n	n	n	n	n	n	n
38	n	n	n	n	n	y	n	y	n	n	n	n	n	n	n	n	n	none	n	n	y	n	n	n	n
39	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	none	n	n	n	n	n	n	n
40	wheals	n	n	n	n	n	n	n	n	y	y	n	n	n	y	n	n	none	n	n	n	n	n	n	n
41	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
42	n	n	y	n	n	n	y	n	y	n	n	y	y	n	n	n	n	none	n	n	n	n	n	n	y
43	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	none	n	n	n	n	n	n	n
44	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	none	n	y	n	n	n	n	n
45	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	y	n	none	n	n	n	n	n	n	n
46	excoriation	n	n	n	n	n	n	n	n	y	y	y	y	y	y	n	n	none	n	n	n	n	n	n	n
47	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	none	n	n	n	n	n	n	n
48	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
49	burrows	n	n	n	n	n	n	n	n	y	n	y	y	n	n	n	n	none	n	n	n	n	n	n	n
50	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
51	n	n	y	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
52	n	n	y	n	n	n	y	n	y	y	y	n	n	n	y	n	n	none	n	n	n	n	n	n	y
53	excoriation	n	n	n	n	n	n	n	n	n	y	y	n	y	y	n	n	none	n	n	n	n	n	n	n
54	wheals	n	n	n	n	n	n	y	y	y	y	n	n	n	y	n	n	none	n	n	n	n	n	n	n
55	n	n	y	n	n	n	y	y	n	n	y	n	n	n	y	n	n	none	n	n	n	n	n	n	y
56	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
57	n	y	y	n	n	n	n	n	n	y	n	n	n	n	n	n	n	koh	n	n	n	n	n	n	n
58	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	none	n	n	n	n	n	n	n
59	n	n	y	n	n	n	n	n	n	n	n	n	n	n	y	n	n	none	n	n	n	n	n	n	y
60	n	n	y	n	n	n	y	y	n	y	y	n	n	n	y	n	n	none	n	n	n	n	n	n	y
61	n	n	y	n	n	n	n	y	n	n	y	n	n	y	n	n	n	none	n	n	n	n	n	n	y
62	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
63	comedones	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
64	wheals	n	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
65	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
66	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
67	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
68	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
69	n	n	y	n	n	n	n	y	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
70	n	n	y	n	n	n	n	n	n	y	y	n	n	n	y	n	n	none	n	n	n	n	n	n	y
71	nodule	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
72	n	n	y	n	n	n	y	y	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
73	n	n	n	n	n	y	n	y	n	n	n	n	n	n	n	n	n	none	n	n	y	n	n	n	n
74	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
75	cyst	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
76	hypoaesthetic	n	n	y	n	y	n	y	n	y	n	n	n	n	y	n	n	slit skin smear, skin biopsy HPE	n	n	n	n	n	n	n
77	n	n	n	y	y	n	n	n	n	y	n	n	n	n	n	n	n	skin biopsy HPE	n	n	n	n	n	n	n
78	n	n	y	y	y	n	n	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
79	n	n	n	y	y	n	n	y	n	y	n	n	n	n	y	n	n	none	n	n	n	n	n	n	y

	DIAGNOSIS															
S NO	PMLE	Bacterial infections	Fungal infections	Viral infections	Parasitic infections	Scabies	Nevus Anemicus	Congenital melanocytic nevus	Nevus depigmentosus	Icthyosis	IH	Erythema toxicum neonatorums	Miliaria	Acne Vulgaris	Acne Corporis	Others
1	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	psoriasis vulgaris
2	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
3	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
4	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
5	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	IED
6	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
7	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	papular urticaria
8	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	lichen planus
9	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
10	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	acute urticaria
11	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
12	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
13	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
14	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
15	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
16	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
17	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
18	n	n	y	n	n	y	n	n	n	n	n	n	n	n	n	n/a
19	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
20	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n/a
21	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
22	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
23	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n/a
24	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	alopecia areata
25	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	chronic urticaria
26	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
27	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
28	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
29	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	chronic urticaria
30	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	psoriasis vulgaris
31	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
32	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	herpes zoster
33	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
34	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
35	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	varicella
36	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
37	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	lichen planus pigmentoses
38	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
39	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	pyoderma
40	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	chronic urticaria
41	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
42	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
43	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n/a
44	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
45	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	psoriasis vulgaris
46	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
47	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	pompholyx
48	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
49	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
50	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
51	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
52	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
53	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
54	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	acute urticaria
55	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
56	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
57	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
58	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	verruca vulgaris
59	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
60	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
61	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
62	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
63	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
64	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	chronic urticaria
65	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea capitis
66	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	verruca vulgaris
67	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
68	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
69	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
70	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
71	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n/a
72	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
73	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
74	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	verruca vulgaris
75	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	sebaceous cyst
76	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	leprosy
77	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	lichen planus pigmentoses
78	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	discoid eczema
79	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a

										CUTANEOUS MANIFESTATIONS														
S NO	MRD	NAME	AGE	SEX	FATHERS NAME	DATE	GPE	HEIGHT (M)	WEIGHT (KG)	Itching	Redness	Discoloration	Dryness of skin	Scaling	Oozing	Pain	Other	Macule	Patch	Papule	Plaque	Pustule	Vesicle	Bulla
80	1065627	AK	1	f	AS	30-04-2021	wnl	0.76	7.4	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
81	1099641	MS	1	m	JS	30-04-2021	wnl	0.7	7.6	y	y	y	n	n	n	n	n/a	n	n	n	n	n	n	n
82	940614	AS	3	m	RS	30-04-2021	wnl	0.92	12	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
83	1050053	GK	9	f	NS	03-05-2021	wnl	1.34	29	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
84	1106836	SS	1	m	TS	11-05-2021	wnl	0.76	10	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
85	1107294	S	0.6	m	M	12-05-2021	wnl	0.7	9	y	y	n	n	n	n	n	n/a	y	n	n	n	n	n	n
86	1108275	MK	6	f	BS	13-05-2021	wnl	1.15	21	y	y	n	n	n	n	n	n/a	y	n	y	n	n	n	n
87	635938	P	3	f	SK	14-05-2021	pallor +	0.89	12.8	n	n	y	n	n	n	n	n/a	y	n	n	n	n	n	n
88	1108771	DS	15	m	RS	15-05-2021	wnl	1.69	54	y	y	y	n	y	n	n	n/a	n	n	n	y	n	n	n
89	249128	S	10	m	RK	15-05-2021	pallor +	1.4	34	n	n	y	n	n	n	n	n/a	n	n	y	n	n	n	n
90	1110662	AK	11	f	AS	19-05-2021	wnl	1.46	38	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
91	115442	A	15	f	R	25-05-2021	wnl	1.59	54	n	n	y	n	n	n	n	n/a	n	n	y	n	n	n	n
92	895535	S	18	m	DK	26-05-2021	wnl	1.62	41	n	n	y	n	n	n	n	n/a	n	n	n	n	n	n	n
93	1028659	SS	0.25	m	R	26-05-2021	wnl	0.58	5.2	y	y	n	n	n	y	n	n/a	n	n	n	y	n	n	n
94	1113900	MK	5	f	GS	27-05-2021	wnl	1.06	18	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
95	1113849	IS	13	m	AK	27-05-2021	wnl	1.57	46	y	n	n	y	y	n	n	n/a	n	n	n	n	n	n	n
96	1020727	A	7	m	S	29-05-2021	wnl	1.25	32	y	y	n	y	n	n	n	n/a	n	n	n	y	n	n	n
97	1114598	D	8	f	HS	29-05-2021	pallor +	1.3	26	y	n	y	y	n	n	n	n/a	n	n	n	y	n	n	n
98	1104350	A	0.6	m	ST	29-05-2021	wnl	0.7	8.4	y	n	y	y	y	n	n	n/a	n	n	n	n	n	n	n
99	1115327	GK	7	f	RS	31-05-2021	wnl	1.2	30	y	y	n	y	y	n	n	n/a	n	n	n	n	n	n	n
100	988999	BK	3	f	RR	31-05-2021	pallor +	0.9	11.6	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
101	1115690	GS	5	m	MS	01-06-2021	wnl	1.2	27.2	y	y	n	y	n	y	y	n/a	n	n	n	y	n	n	n
102	1115862	NM	9	m	RM	01-06-2021	wnl	1.29	30	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
103	1115884	MJ	0.75	f	SJ	01-06-2021	wnl	0.62	7.5	n	n	y	n	n	n	n	n/a	y	n	n	n	n	n	n
104	1055796	PK	2	f	SK	03-06-2021	pallor +	0.86	13	y	n	n	y	y	n	n	n/a	n	n	y	y	n	n	n
105	72094	LS	10	m	NS	03-06-2021	wnl	1.38	32	y	n	y	y	n	n	n	n/a	n	n	n	y	n	n	n
106	6707	DK	9	m	PK	04-06-2021	wnl	1.35	29	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
107	1116275	AG	11	f	RG	05-06-2021	wnl	1.45	38	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
108	1119305	HS	13	m	GS	07-06-2021	wnl	1.57	46	y	y	n	y	n	n	n	n/a	n	n	y	y	n	n	n
109	932574	AS	6	m	SS	07-06-2021	wnl	1.05	15.2	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
110	487296	KA	3	m	GA	07-06-2021	wnl	0.96	14.8	n	n	y	n	n	n	n	n/a	y	n	n	n	n	n	n
111	69412	A	12	m	AK	07-06-2021	pallor +	1.45	29	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
112	1129269	PK	13	f	GS	07-06-2021	wnl	1.57	46	y	n	n	y	y	n	n	n/a	n	n	n	y	n	n	n
113	991034	P	7	m	PK	08-06-2021	wnl	1.33	23	y	y	n	y	y	n	n	n/a	n	n	n	y	n	n	n
114	655916	FS	3	m	GS	09-06-2021	wnl	0.86	12	y	y	n	n	n	y	n	n/a	n	n	n	n	n	n	y
115	1120699	JS	16	m	RS	10-06-2021	pallor +	1.7	56	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
116	1120669	JJ	3	m	NJ	10-06-2021	wnl	0.92	14	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
117	438059	CM	10	m	AK	10-06-2021	wnl	1.32	31	y	n	n	n	n	y	n	n/a	n	n	n	n	y	n	n
118	7792	A	15	m	K	10-06-2021	wnl	1.4	56.5	n	n	n	n	n	n	y	n/a	n	n	y	n	y	n	n
119	1120639	Y	10	m	VK	10-06-2021	pallor +	1.32	31	n	n	y	n	n	n	n	n/a	y	n	n	n	n	n	n
120	1121055	D	6	m	TD	11-06-2021	wnl	1.18	22	y	n	y	n	n	n	n	n/a	n	n	n	y	n	n	n
121	1121177	RB	6	m	RB	11-06-2021	wnl	1.15	20	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
122	23340	AS	14	m	JS	14-06-2021	wnl	1.64	50.8	n	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
123	689812	D	1	m	AJ	14-06-2021	wnl	1.51	41	y	y	y	n	n	n	n	n/a	n	n	n	n	n	n	n
124	857043	HS	2	m	JS	14-06-2021	wnl	0.87	13	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
125	955598	RS	15	m	SS	14-06-2021	wnl	1.73	58	n	n	y	n	y	n	n	n/a	y	n	n	n	n	n	n
126	866247	AS	1	m	MK	14-06-2021	pallor +	0.84	11	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
127	969072	S	14	f	AK	15-06-2021	wnl	1.7	56	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
128	712413	CN	3	m	TN	15-06-2021	wnl	0.96	15	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
129	1123006	R	10	m	D	16-06-2021	wnl	1.38	32	y	n	n	y	y	n	n	n/a	n	n	y	y	n	n	n
130	1123181	VJ	2	f	PJ	16-06-2021	pallor +	0.88	13	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
131	701449	AK	9	f	TS	16-06-2021	wnl	1.35	29	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
132	1123106	HS	14	m	MS	16-06-2021	wnl	1.63	52	n	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
133	1001991	SK	0.5	m	BS	17-06-2021	wnl	0.66	10	y	y	n	n	n	n	n	n/a	n	n	n	y	n	n	n
134	1123523	JK	0.41	f	PS	17-06-2021	wnl	0.66	8	y	n	n	n	n	n	n	n/a	n	n	n	n	n	n	n
135	749795	PV	14	m	RK	17-06-2021	wnl	1.62	58	y	n	n	n	y	n	n	n/a	n	n	n	n	n	n	n
136	1123527	KS	2	m	HS	17-06-2021	wnl	0.87	13	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
137	1026634	TSB	3	m	SS	17-06-2021	pallor +	1.03	12.5	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
138	1124081	GS	6	m	SS	18-06-2021	wnl	1.15	20	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
139	556303	VDS	14	m	HS	18-06-2021	wnl	1.62	68	n	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
140	192308	P	5	m	RK	18-06-2021	wnl	1.07	18	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
141	82051	HK	13	m	MS	19-06-2021	pallor +	1.56	46	y	n	n	y	y	n	n	n/a	n	n	n	y	n	n	n
142	757112	I	11	m	MK	19-06-2021	wnl	1.45	37	y	n	n	y	y	n	n	n/a	n	n	n	y	n	n	n
143	1124753	AK	15	f	DS	19-06-2021	wnl	1.59	52	y	y	n	n	y	n	n	n/a	n	n	n	y	n	n	n
144	1124714	S	14	m	T	19-06-2021	wnl	1.59	48	y	y	n	n	n	n	n	n/a	n	n	n	y	n	n	n
145	1124682	P	15	m	RK	19-06-2021	wnl	1.6	50	n	n	y	n	y	n	n	n/a	y	n	n	n	n	n	n
146	1044856	V	0.3	m	JK	19-06-2021	wnl	0.68	8.6	y	n	n	y	y	n	n	n/a	n	n	n	y	n	n	n
147	5203	S	17	f	SK	19-06-2021	pallor +	1.6	51	n	y	n	n	y	y	y	n/a	n	n	n	n	y	n	n
148	112480	A	17	m	SR	19-06-2021	wnl	1.67	68	y	y	n	n	n	n	n	n/a	n	n	n	y	n	n	n
149	1124779	MM	3	f	DM	19-06-2021	pallor +	0.93	11.8	n	n	n	n	y	y	n	n/a	n	n	n	n	n	n	y
150	829521	JS	2	m	BS	19-06-2021	wnl	0.95	12.5	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
151	338086	T	15	f	LC	19-06-2021	wnl	1.59	58	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
152	986593	R	0.5	f	SK	21-06-2021	wnl	0.64	6.5	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
153	1125300	A	11	m	SK	21-06-2021	pallor +	1.52	35	n	n	y	n	y	n	n	n/a	n	n	n	y	n	n	n
154	975015	I	12	f	R	21-06-2021	wnl	0.85	13	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
155	943503	HS	1	m	MS	21-06-2001	wnl	0.72	8	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
156	1125185	VK	13	m	MK	21-06-2021	wnl	1.57	46	y	n	y	n	n	n	n	n/a	n	y	y	n	n	n	n
157	1125875	P	17	f	RI	22-06-2021	wnl	1.69	58	n	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
158	822707	H	13	m	AK	22-06-2021	wnl	1.57	46	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
159	1125810	AS	17	m	CS	22-06-2021	wnl	1.71	59	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
160	113877	FS	1	m	GS	23-06-2021	wnl	0.78	11	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
161	11267494	SS	16	m	JS	24-06-2021	wnl	1.78	62	y	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n

	MORPHOLOGY OF LESIONS						SITE OF LESION																		
S NO	Other	Annular lesion	Scaling	Discoloration	Hyperpigmented	Hypopigmented	Scalp	Face	Neck	Trunk	Upper limb	Hands	Groins	Buttocks	Lower limb	Feet	Nails	RELEVANT INVESTIGATION	Vitiligo	Diaper dermatitis	PA	SD	Vector Dermatitis	CD	AD
80	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
81	n	n	n	y	y	n	n	n	n	n	n	n	y	n	y	n	n	none	n	n	n	n	n	n	n
82	n	n	n	y	n	y	n	n	n	n	n	n	n	y	n	n	n	none	y	n	n	n	n	n	n
83	n	n	n	y	n	y	n	n	n	y	n	n	n	n	n	n	n	none	y	n	n	n	n	n	n
84	n	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	none	n	n	n	n	n	n	n
85	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
86	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
87	n	n	n	y	n	y	n	y	n	n	n	n	n	n	n	n	n	none	n	n	y	n	n	n	n
88	n	y	y	y	y	n	n	n	n	y	n	n	y	n	y	n	n	none	n	n	n	n	n	n	n
89	n	n	n	y	y	n	n	n	n	n	n	y	n	n	n	n	n	none	n	n	n	n	n	n	n
90	excoriation	n	n	n	n	n	n	n	n	y	y	n	y	y	y	n	n	none	n	n	n	n	n	n	n
91	n	n	n	y	y	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
92	n	n	n	y	y	n	n	n	n	n	n	n	n	n	n	y	n	none	n	n	n	n	n	n	n
93	n	n	y	n	n	n	y	y	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
94	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
95	n	n	y	n	n	n	n	n	n	n	n	y	n	n	n	n	n	none	n	n	n	n	n	n	n
96	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
97	n	n	n	y	y	n	n	n	n	n	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
98	n	n	y	y	n	y	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
99	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
100	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
101	n	n	y	n	n	n	n	n	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
102	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
103	n	n	n	y	n	y	n	y	n	n	n	n	n	n	n	n	n	woods lamp	y	n	n	n	n	n	n
104	n	n	y	n	n	n	n	n	n	y	n	y	y	y	n	n	n	none	n	n	n	n	n	n	y
105	n	n	n	y	y	n	n	n	n	n	n	y	n	n	n	n	n	none	n	n	n	n	n	n	n
106	n	n	n	y	n	y	n	y	n	n	n	n	n	n	n	n	n	none	y	n	n	n	n	n	n
107	n	n	n	y	y	n	n	n	n	n	n	n	y	n	n	n	n	none	n	n	n	n	n	n	n
108	n	n	n	y	y	n	n	n	n	n	y	n	n	n	y	n	n	none	n	n	n	n	n	n	y
109	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
110	n	n	n	y	n	y	n	y	n	n	n	n	n	n	n	n	n	none	y	n	n	n	n	n	n
111	n	n	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
112	n	n	y	n	n	n	y	y	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
113	n	n	y	n	n	n	n	y	y	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
114	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
115	wheals	n	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
116	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
117	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
118	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
119	n	n	y	y	n	y	n	n	n	y	n	n	n	n	n	n	n	woods lamp	n	n	n	n	n	n	n
120	n	n	n	y	y	n	n	n	n	n	y	n	n	n	n	n	n	koh	n	n	n	n	n	n	n
121	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
122	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
123	n	n	n	y	y	n	n	n	n	n	n	n	y	n	n	n	n	none	n	n	n	n	n	n	n
124	n	n	n	n	n	n	n	n	n	y	n	n	y	n	n	n	n	none	n	n	n	n	n	n	n
125	n	n	n	y	n	y	n	n	y	n	n	n	n	n	n	n	n	woods lamp	n	n	n	n	n	n	n
126	erythema	n	n	n	n	n	n	n	n	n	n	n	y	y	n	n	n	none	n	y	n	n	n	n	n
127	n	n	n	y	n	y	n	n	n	y	n	n	n	n	n	n	n	none	y	n	n	n	n	n	n
128	n	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	none	n	n	n	n	n	n	n
129	n	n	y	n	n	n	y	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
130	n	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	none	n	n	n	n	n	n	n
131	excoriation	n	n	n	n	n	n	n	n	y	n	n	y	y	n	n	n	none	n	n	n	n	n	n	n
132	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
133	nodule	n	y	n	n	n	y	y	n	y	n	n	n	y	n	n	n	none	n	n	n	y	n	n	n
134	nodule	n	y	n	n	n	y	n	n	y	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
135	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
136	excoriation	n	n	n	n	n	n	n	n	y	n	y	y	y	y	n	n	none	n	n	n	n	n	n	n
137	excoriation	n	n	n	n	n	n	n	n	n	n	y	y	n	n	n	n	none	n	n	n	n	n	n	n
138	excoriation	n	n	n	n	n	n	n	n	y	n	n	y	n	n	n	n	none	n	n	n	n	n	n	n
139	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
140	n	n	n	y	n	y	n	y	n	n	n	n	n	n	n	n	n	none	y	n	n	n	n	n	n
141	n	n	y	n	n	n	y	y	y	n	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
142	n	n	y	n	n	n	n	y	y	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
143	n	n	y	n	n	n	n	n	n	y	n	n	y	y	n	n	n	none	n	n	n	n	n	n	n
144	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	none	n	n	n	n	n	n	n
145	n	n	y	y	n	y	n	n	y	y	n	n	n	n	n	n	n	woods lamp	n	n	n	n	n	n	n
146	n	n	y	n	n	n	n	y	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
147	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
148	n	y	y	n	n	n	n	n	n	n	y	n	n	n	n	n	n	koh	n	n	n	n	n	n	n
149	crusting	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
150	n	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	none	n	n	n	n	n	n	n
151	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
152	n	n	n	y	n	y	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
153	n	n	y	n	n	n	n	n	y	y	n	n	n	n	n	n	n	woods lamp	n	n	n	n	n	n	n
154	n	n	n	y	n	y	n	n	n	y	n	n	n	n	n	n	n	none	y	n	n	n	n	n	n
155	excoriation	n	n	n	n	n	n	n	n	n	n	y	y	n	n	n	n	none	n	n	n	n	n	n	n
156	excoriation	n	n	y	n	y	n	n	n	y	n	n	y	n	n	n	n	none	y	n	n	n	n	n	n
157	comedones	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
158	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
159	excoriation	n	n	n	n	n	n	n	n	n	y	n	y	y	y	y	n	none	n	n	n	n	n	n	n
160	excoriation	n	n	n	n	n	n	n	n	n	n	n	n	y	y	y	n	none	n	n	n	n	n	n	n
161	n	n	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n

	DIAGNOSIS															
S NO	PMLE	Bacterial infections	Fungal infections	Viral infections	Parasitic infections	Scabies	Nevus Anemicus	Congenital melanocytic nevus	Nevus depigmentosus	Icthyosis	IH	Erythema toxicum neonatorums	Miliaria	Acne Vulgaris	Acne Corporis	Others
80	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	papular urticaria
81	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
82	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
83	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
84	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	papular urticaria
85	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	viral exanthem
86	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	viral exanthem
87	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
88	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
89	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	verruca vulgaris
90	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
91	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	verruca plana
92	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	onychomycosis
93	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
94	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
95	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	hand eczema
96	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
97	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
98	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
99	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
100	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
101	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
102	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	papular urticaria
103	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
104	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
105	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	discoid eczema
106	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
107	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	intertrigo
108	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
109	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	papular urticaria
110	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
111	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
112	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
113	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
114	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	impetigo contagiosum
115	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	acute urticaria
116	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
117	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	folliculitis
118	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
119	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	pityriasis versicolor
120	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
121	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	verruca plana
122	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
123	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	intertrigo
124	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
125	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	pityriasis versicolor
126	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
127	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
128	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	papular urticaria
129	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
130	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	papular urticaria
131	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
132	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
133	n	n	y	n	n	n	n	n	n	n	y	n	n	n	n	tinea corporis
134	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n/a
135	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
136	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
137	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
138	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
139	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
140	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
141	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
142	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
143	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
144	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	intertrigo
145	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	pityriasis versicolor
146	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
147	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	pyoderma
148	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
149	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	impetigo contagiosum
150	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
151	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
152	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n/a
153	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	pityriasis versicolor
154	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
155	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
156	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
157	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
158	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
159	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
160	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
161	n	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n/a

										CUTANEOUS MANIFESTATIONS														
S NO	MRD	NAME	AGE	SEX	FATHERS NAME	DATE	GPE	HEIGHT (M)	WEIGHT (KG)	Itching	Redness	Discoloration	Dryness of skin	Scaling	Oozing	Pain	Other	Macule	Patch	Papule	Plaque	Pustule	Vesicle	Bulla
162	1031477	KS	17	m	KS	24-06-2021	wnl	1.73	62	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
163	639406	G	11	f	GS	25-06-2021	wnl	1.42	30	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
164	1128306	YG	3	m	VK	27-06-2021	wnl	0.95	14	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
165	586620	SK	6	f	GS	28-06-2021	wnl	1.13	19	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
166	205394	AK	12	m	RK	28-06-2021	wnl	1.48	40	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
167	776078	D	6	m	N	28-06-2021	wnl	1.12	19	n	n	y	n	n	n	n	n/a	y	y	n	n	n	n	n
168	1128663	PK	4	f	PS	28-06-2021	wnl	1.01	17	y	n	n	y	y	n	n	n/a	n	n	n	n	n	n	n
169	705934	SM	2	m	RM	29-06-2021	wnl	0.83	11	y	n	n	n	y	n	n	n/a	n	n	n	n	n	n	n
170	35036	PP	6	m	PSP	29-06-2021	wnl	1.1	14.5	n	n	n	n	y	n	n	n/a	y	n	n	n	n	n	n
171	1129298	SS	14	m	AS	29-06-2021	wnl	1.69	63	y	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
172	1129234	P	4	f	RS	29-06-2021	wnl	1	13	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
173	1129202	VS	7	m	SS	29-06-2021	wnl	1.19	20	y	n	n	n	y	n	n	n/a	n	n	n	n	n	n	n
174	385486	DK	16	m	DK	29-06-2021	wnl	1.63	50	y	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
175	309028	DS	16	m	GS	29-06-2021	wnl	1.74	52	y	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
176	1129054	RT	13	m	PT	29-06-2021	wnl	1.52	42	n	y	y	y	y	y	y	n/a	n	n	y	n	y	n	n
177	824246	N	15	f	SP	30-06-2021	wnl	1.56	50	n	n	y	n	y	n	n	n/a	y	n	n	n	n	n	n
178	1129671	DA	11	m	MA	30-06-2021	wnl	1.4	35	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
179	1034742	S	4	m	RA	01-07-2021	pallor +	1	16	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
180	1035919	M	0.25	m	BK	01-07-2021	wnl	0.63	7	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
181	1014645	RK	6	f	HS	02-07-2021	wnl	1.1	18	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
182	1014644	HK	6	f	HS	03-07-2021	wnl	1.14	18	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
183	1014506	NG	6	f	PK	03-07-2021	wnl	1.15	17	y	n	n	n	y	n	n	n/a	n	n	y	y	n	n	n
184	461484	YK	4	m	R	05-07-2021	pallor +	1.1	18	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
185	650286	HA	5	f	RA	06-07-2021	wnl	1.09	20	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
186	963580	BK	6	f	PS	06-07-2021	wnl	1.16	18	y	y	n	n	n	n	n	n/a	n	n	y	y	n	n	n
187	1033216	BS	15	m	GS	06-07-2021	wnl	1.6	53	y	y	n	n	y	n	n	n/a	n	n	n	y	n	n	n
188	1027639	SS	0.6	f	PS	08-07-2021	wnl	0.75	9	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
189	1011657	SG	11	m	VG	08-07-2021	wnl	1.46	37	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
190	388412	NS	3	m	GS	09-07-2021	pallor +	1.02	16	n	n	n	n	n	n	n	hairloss	n	y	n	n	n	n	n
191	142518	S	8	f	KK	09-07-2021	wnl	1.29	25	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
192	1022972	KK	5	f	OS	09-07-2021	pallor +	1.09	18	y	y	n	n	y	n	n	n/a	n	n	y	y	n	n	n
193	1009655	AS	3	m	RS	10-07-2021	wnl	0.95	14	y	y	n	y	y	n	n	n/a	n	n	y	y	n	n	n
194	1135713	GS	12	m	HS	12-07-2021	wnl	1.56	46	y	y	n	y	n	n	n	n/a	n	n	y	y	n	n	n
195	604399	S	8	f	VK	12-07-2021	pallor +	1.31	27	y	y	n	y	n	n	n	n/a	n	n	n	y	n	n	n
196	1124193	JS	3	m	GS	13-07-2021	wnl	0.97	15	y	y	n	y	y	n	n	n/a	n	n	y	y	n	n	n
197	1136108	PS	17	m	MS	13-07-2021	wnl	1.73	65	y	n	n	n	y	n	n	n/a	n	n	n	n	n	n	n
198	993948	JS	15	m	SS	13-07-2021	pallor +	1.69	53	n	n	y	n	n	n	n	n/a	y	n	n	n	n	n	n
199	990184	MG	0.6	f	DG	13-07-2021	wnl	0.68	8	y	y	n	n	n	y	n	n/a	n	n	n	y	n	n	n
200	1136241	SK	1	f	HS	13-07-2021	wnl	0.76	10	n	n	n	n	y	n	n	n/a	n	y	n	n	n	n	n
201	939052	MK	1	f	DR	13-07-2021	pallor +	0.72	9.5	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
202	1136881	RK	1	f	HS	13-07-2021	wnl	0.76	7.6	n	n	y	n	y	n	n	n/a	y	n	n	n	n	n	n
203	1137165	A	10	m	RP	15-07-2021	pallor +	1.36	30	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
204	93399	M	8	f	S	15-07-2021	wnl	1.26	23	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
205	890846	PS	2	m	AS	15-07-2021	wnl	0.89	10.9	y	y	n	n	n	y	y	n/a	n	n	n	n	y	n	n
206	1137514	GPS	16	m	HS	15-07-2021	wnl	1.69	56	y	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
207	1057195	PB	12	f	SB	16-07-2021	wnl	1.35	29	y	y	n	n	n	y	y	n/a	n	n	n	n	n	y	n
208	1137836	JK	7	f	MS	16-07-2021	wnl	1.25	24.6	y	n	n	n	y	n	n	n/a	n	n	y	n	n	n	n
209	1138348	G	0.6	m	C	17-07-2021	wnl	0.69	8.5	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
210	11388529	B	10	m	S	17-07-2021	wnl	1.37	31	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
211	1138384	SS	14	m	PS	17-07-2021	wnl	1.59	49	y	n	n	n	n	n	n	n/a	n	n	y	n	y	n	n
212	1138690	H	16	m	R	17-07-2021	wnl	1.7	55	y	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
213	1140112	JK	12	f	GS	21-07-2021	wnl	1.65	51	y	n	n	y	y	n	n	n/a	n	n	n	n	n	n	n
214	1140276	S	8	f	S	21-07-2021	wnl	1.32	27	n	n	y	n	y	n	n	n/a	y	n	n	n	n	n	n
215	1136095	M	0.9	m	R	21-07-2021	wnl	0.76	9	y	y	n	n	y	n	n	n/a	n	n	y	y	n	n	n
216	1141014	H	0.9	f	JK	22-07-2021	wnl	0.78	8.8	y	y	n	n	n	y	n	n/a	n	n	n	n	y	n	n
217	1141026	P	2	m	GS	22-07-2021	wnl	0.83	12	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
218	802583	AVS	8	m	BS	23-07-2021	pallor +	1.29	29	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
219	1140228	SK	1	f	SS	23-07-2021	wnl	0.78	7.3	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
220	975198	J	17	f	AK	24-07-2021	wnl	1.72	60	y	y	y	y	n	n	n	n/a	n	n	y	n	y	n	n
221	1141768	SA	10	m	NA	26-07-2021	wnl	1.32	27.07	y	n	n	n	n	n	y	n/a	n	n	n	n	n	y	n
222	1142232	JS	3	m	AS	24-07-2021	wnl	0.98	13	y	y	n	y	y	n	n	n/a	n	n	y	y	n	y	n
223	1142085	PG	17	f	DG	24-07-2021	wnl	1.75	64	y	y	n	y	y	n	n	n/a	n	n	y	y	n	n	n
224	462972	A	5	f	RS	24-07-2021	wnl	1.12	21	y	y	y	n	n	n	n	n/a	n	n	n	n	n	n	n
225	1142198	RS	6	m	BS	24-07-2021	wnl	1.19	24	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
226	22654	SS	11	m	BS	26-07-2021	wnl	1.37	31	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
227	1143154	GK	3	f	LS	26-07-2021	wnl	0.9	18.4	y	y	n	y	y	n	n	n/a	n	n	n	n	n	n	n
228	809643	A	3	m	P	26-07-2021	wnl	0.96	14	n	n	n	n	n	n	n	n/a	n	n	n	n	n	y	n
229	5874	AS	16	m	RB	28-07-2021	wnl	1.7	61	n	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
230	399282	K	6	m	VK	28-07-2021	wnl	1.2	22.5	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
231	7020	AK	15	m	JS	28-07-2021	wnl	1.65	52	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
232	1144151	M	0.6	f	I	28-07-2021	wnl	0.7	8	y	n	n	n	y	n	n	n/a	n	n	y	n	n	n	n
233	1145927	MK	7	m	SS	31-07-2021	wnl	1.25	30	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
234	1012954	MM	9	m	AM	31-07-2021	wnl	1.38	30	n	n	n	n	n	n	n	hairloss	n	n	n	n	n	n	n
235	1147251	S	15	m	M	03-08-2021	wnl	1.12	57	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
236	1147257	AK	17	m	RK	03-08-2021	wnl	1.76	82	n	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
237	1147347	AS	16	m	JS	03-08-2021	wnl	1.75	62	y	n	n	n	y	n	n	n/a	n	n	y	n	n	n	n
238	1147519	PG	4	m	GG	03-08-2021	pallor +	1.08	20	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
239	1147890	HC	4	f	RK	04-08-2021	pallor +	1.06	19	y	y	n	y	y	n	n	n/a	n	n	y	n	n	n	n
240	1143527	A	17	m	RS	04-08-2021	wnl	1.68	58	y	y	y	n	n	n	n	n/a	y	n	y	n	n	n	n
241	1148308	R	5	m	N	04-08-2021	pallor +	1.08	21	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
242	1149225	DJ	10	f	MG	06-08-2021	wnl	1.44	32	y	n	n	n	y	n	n	n/a	n	n	y	n	n	n	n
243	254774	MA	5	m	NA	06-08-2021	wnl	1.08	20	y	y	y	y	y	n	n	n/a	n	n	y	y	n	n	n
244	1149624	S	3	f	RR	06-08-2021	wnl	0.58	15	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
245	1149890	GK	3	f	JS	07-08-2021	wnl	0.6	16	y	n	n	n	y	n	n	n/a	n	n	n	n	n	n	n
246	460553	YS	7	f	PS	07-08-2021	pallor +	1.22	24	y	y	y	n	y	n	y	n/a	n	n	n	n	n	n	n

	MORPHOLOGY OF LESIONS						SITE OF LESION																		
S NO	Other	Annular lesion	Scaling	Discoloration	Hyperpigmented	Hypopigmented	Scalp	Face	Neck	Trunk	Upper limb	Hands	Groins	Buttocks	Lower limb	Feet	Nails	RELEVANT INVESTIGATION	Vitiligo	Diaper dermatitis	PA	SD	Vector Dermatitis	CD	AD
162	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
163	excoriation	n	n	n	n	n	n	n	n	y	y	y	y	y	y	n	n	none	n	n	n	n	n	n	n
164	wheals	n	n	n	n	n	n	y	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
165	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
166	excoriation	n	n	n	n	n	n	n	n	y	y	y	y	y	y	y	n	none	n	n	n	n	n	n	n
167	n	n	n	y	n	y	n	n	n	n	n	n	n	n	y	n	n	none	y	n	n	n	n	n	n
168	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
169	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
170	n	n	y	n	n	n	n	n	y	y	n	n	n	n	n	n	n	woods lamp	n	n	n	n	n	n	n
171	n	n	n	n	n	n	n	y	n	n	n	y	y	n	n	n	n	none	n	n	n	n	n	n	n
172	excoriation	n	n	n	n	n	n	n	n	y	y	y	y	y	y	n	n	none	n	n	n	n	n	n	n
173	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
174	comedones	n	n	n	n	n	n	y	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
175	comedones	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
176	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
177	n	n	y	n	n	n	n	n	n	y	n	n	n	n	n	n	n	woods lamp	n	n	n	n	n	n	n
178	excoriation	n	n	n	n	n	n	n	n	y	n	n	y	y	y	n	n	none	n	n	n	n	n	n	n
179	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	none	n	n	n	n	n	n	n
180	n	n	n	n	n	n	n	n	n	y	n	y	n	n	n	n	n	none	n	n	n	n	n	n	n
181	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
182	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
183	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
184	n	n	n	n	n	y	n	y	n	n	n	n	n	n	n	n	n	none	y	n	n	n	n	n	n
185	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
186	n	n	y	n	n	n	n	n	n	n	n	n	y	n	y	n	n	none	n	n	n	n	n	n	n
187	n	n	y	n	n	n	n	y	n	n	y	n	y	n	n	n	n	none	n	n	n	n	n	n	n
188	n	n	n	y	n	y	n	n	n	n	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
189	n	n	n	y	n	y	n	n	n	n	n	n	n	n	y	n	n	none	y	n	n	n	n	n	n
190	hairloss	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
191	excoriation	n	n	n	n	n	n	n	n	n	y	y	y	n	y	n	n	none	n	n	n	n	n	n	n
192	n	n	y	n	n	n	y	y	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
193	n	n	y	n	n	n	n	y	y	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
194	n	n	y	n	n	n	y	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
195	n	n	y	n	n	n	y	n	y	y	n	n	n	n	y	n	n	none	n	n	n	n	n	n	y
196	n	n	y	n	n	n	y	y	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
197	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
198	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	y	n	n	n	n	n	n
199	crusting	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
200	n	n	y	y	n	y	n	y	n	n	n	n	n	n	n	n	n	none	n	n	y	n	n	n	n
201	n	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	none	n	n	n	n	n	n	n
202	n	n	y	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	y	n	n	n	n
203	nodule	n	n	n	n	n	n	n	n	y	y	y	y	y	y	n	n	none	n	n	n	n	n	n	n
204	wheals	n	n	n	n	n	n	y	y	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
205	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
206	comedones	n	n	n	n	n	n	y	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
207	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
208	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
209	n	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	none	n	n	n	n	n	n	n
210	excoriation	n	n	n	n	n	n	n	n	y	y	y	y	y	y	n	n	none	n	n	n	n	n	n	n
211	comedones	n	n	n	n	n	n	y	y	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
212	excoriation	n	n	n	n	n	n	n	y	n	y	y	n	n	n	n	n	none	n	n	n	n	n	n	n
213	n	n	y	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
214	n	n	y	y	n	n	n	n	y	y	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
215	n	n	y	n	n	n	n	y	y	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
216	erythema	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	koh	n	n	n	n	n	n	n
217	n	n	n	n	n	n	n	n	n	y	n	y	y	y	n	n	n	none	n	n	n	n	n	n	n
218	n	n	n	y	n	y	n	n	n	n	n	n	n	n	y	n	n	none	y	n	n	n	n	n	n
219	excoriation	n	n	n	n	n	n	n	n	y	y	y	y	y	y	n	n	none	n	n	n	n	n	n	n
220	n	n	n	y	y	n	n	y	n	n	n	n	n	n	y	n	n	none	n	n	n	n	n	n	y
221	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
222	n	n	y	n	n	n	y	y	y	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
223	n	n	y	n	n	n	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
224	n	n	n	y	y	n	n	n	n	n	n	n	y	n	n	n	n	none	n	n	n	n	n	n	n
225	n	n	n	n	n	n	n	y	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
226	wheals	n	n	n	n	n	n	n	n	y	y	n	n	y	y	n	n	none	n	n	n	n	n	n	n
227	n	n	y	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
228	n	n	n	n	n	n	n	n	n	n	n	n	y	y	n	n	n	none	n	n	n	n	n	n	n
229	comedones	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
230	excoriation	n	n	n	n	n	n	n	n	n	n	n	y	y	y	y	n	none	n	n	n	n	n	n	n
231	n	n	n	n	n	n	n	n	n	n	n	y	y	n	n	n	n	none	n	n	n	n	n	n	n
232	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
233	excoriation	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	none	n	n	n	n	n	n	n
234	hairloss	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
235	n	n	n	n	n	n	n	n	n	n	n	y	y	y	n	n	n	none	n	n	n	n	n	n	n
236	comedones	n	n	n	n	n	n	y	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
237	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
238	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
239	excoriation	n	y	n	y	n	y	n	n	n	n	y	y	y	y	n	n	none	n	n	n	n	n	n	y
240	n	n	n	y	y	n	n	n	y	y	n	n	n	n	n	n	n	skin biopsy HPE	n	n	n	n	n	n	n
241	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
242	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
243	n	n	y	n	n	n	y	y	y	y	y	n	n	n	y	n	n	none	n	n	n	n	n	n	y
244	excoriation	n	n	n	n	n	n	n	n	n	n	n	y	y	n	n	n	none	n	n	n	n	n	n	n
245	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
246	hairloss	n	y	y	y	n	y	n	n	n	n	n	n	n	n	n	n	koh	n	n	n	n	n	n	n

	DIAGNOSIS															
S NO	PMLE	Bacterial infections	Fungal infections	Viral infections	Parasitic infections	Scabies	Nevus Anemicus	Congenital melanocytic nevus	Nevus depigmentosus	Icthyosis	IH	Erythema toxicum neonatorums	Miliaria	Acne Vulgaris	Acne Corporis	Others
162	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
163	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
164	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	acute urticaria
165	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
166	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
167	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
168	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
169	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
170	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	pityriasis versicolor
171	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
172	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
173	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
174	n	n	n	n	n	n	n	n	n	n	n	n	n	y	y	n/a
175	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
176	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
177	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	pityriasis versicolor
178	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
179	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	verruca vulgaris
180	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
181	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
182	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
183	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
184	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
185	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
186	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
187	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
188	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n/a
189	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
190	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	alopecia areata
191	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
192	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
193	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
194	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
195	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
196	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
197	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
198	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
199	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	impetigo contagiosum
200	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
201	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	papular urticaria
202	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
203	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
204	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	chronic urticaria
205	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	pyoderma
206	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
207	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	herpes zoster
208	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
209	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	papular urticaria
210	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
211	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
212	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
213	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
214	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
215	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
216	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	candidiasis
217	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
218	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
219	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
220	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
221	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	herpes zoster
222	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
223	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
224	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	intertrigo
225	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
226	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	chronic urticaria
227	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
228	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	herpes zoster
229	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
230	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
231	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
232	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
233	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
234	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	alopecia areata
235	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
236	n	n	n	n	n	n	n	n	n	n	n	n	n	y	y	n/a
237	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
238	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
239	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
240	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	cutaneous mastocytosis
241	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
242	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
243	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
244	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
245	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
246	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea capitis

										CUTANEOUS MANIFESTATIONS														
S NO	MRD	NAME	AGE	SEX	FATHERS NAME	DATE	GPE	HEIGHT (M)	WEIGHT (KG)	Itching	Redness	Discoloration	Dryness of skin	Scaling	Oozing	Pain	Other	Macule	Patch	Papule	Plaque	Pustule	Vesicle	Bulla
247	1150130	JS	5	m	SS	07-08-2021	pallor +	0.98	18	n	n	y	n	y	n	n	n/a	y	n	n	n	n	n	n
248	1151150	SG	12	f	AG	09-08-2021	wnl	1.48	41	n	n	y	n	y	n	n	n/a	y	n	n	n	n	n	n
249	1151724	GK	4	f	GK	10-08-2021	wnl	1.9	16	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
250	1143533	BS	5	m	RS	10-08-2021	pallor +	1.1	18	y	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
251	1152576	A	15	m	GS	11-08-2021	wnl	1.62	56	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
252	966234	YK	14	m	R	12-08-2021	wnl	1.62	48	n	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
253	997846	JS	5	m	PS	12-08-2021	wnl	1.08	19	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
254	5144774	PJ	14	m	PJ	12-08-2021	wnl	1.61	55	y	n	n	y	y	n	n	n/a	n	n	y	y	n	n	n
255	1154498	MK	3	f	SS	14-08-2021	wnl	1.01	14	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
256	408523	MK	6	m	SK	14-08-2021	wnl	1.1	17	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
257	560879	HS	3	m	JS	16-08-2021	wnl	1.1	12	y	n	n	y	y	n	n	n/a	n	n	n	y	n	n	n
258	1155394	NK	3	f	MS	16-08-2021	wnl	0.99	10	y	y	n	y	y	n	n	n/a	n	n	n	y	n	n	n
259	1141015	CB	18	f	SB	16-08-2021	wnl	1.7	58	n	y	n	n	n	y	n	n/a	n	n	y	n	y	n	n
260	1007987	AB	14	m	SB	16-08-2021	wnl	1.6	62	y	n	n	n	n	n	n	n/a	n	n	y	n	y	n	n
261	1314932	NK	2	f	VK	17-08-2021	wnl	0.85	10	n	n	n	n	n	n	n	nodule	n	n	n	n	n	n	n
262	1155125	SK	1	f	CK	17-08-2021	wnl	0.75	10	y	y	y	n	n	n	n	n/a	n	n	n	n	n	n	n
263	1140851	BS	3	m	VS	17-08-2021	wnl	0.96	15	y	y	n	y	y	n	n	n/a	n	n	y	y	n	n	n
264	1155573	AS	9	m	BS	17-08-2021	wnl	1.1	23	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
265	115595	AK	7	m	RK	17-08-2021	pallor +	1.2	21	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
266	363727	VK	10	f	SK	20-08-2021	wnl	1.39	35	y	n	n	n	n	n	n	hairloss	n	n	y	y	n	n	n
267	1313506	GK	0.2	m	VK	20-08-2021	pallor +	0.61	4.9	y	y	y	y	n	n	n	peeling	n	n	n	n	n	n	n
268	454400	GK	5	f	PK	20-08-2021	wnl	1.1	20	y	y	n	n	n	y	y	n/a	n	n	y	n	n	n	n
269	1310237	JS	7	m	PS	22-08-2021	wnl	1.19	23	y	n	n	n	y	y	y	n/a	n	n	n	n	n	n	n
270	1307530	RG	6	f	AG	22-08-2021	wnl	1.15	18.8	y	y	y	n	n	n	n	n/a	n	n	n	y	n	n	n
271	1159123	JBS	13	m	KS	23-08-2021	wnl	1.57	46	n	y	n	n	n	y	n	n/a	n	n	y	n	y	n	n
272	1159	YG	3	f	RG	24-08-2021	wnl	0.95	15	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
273	570532	MA	7	m	MS	24-08-2021	wnl	1.22	24	n	n	y	n	y	n	n	n/a	y	n	n	n	n	n	n
274	546869	UR	15	m	AR	25-08-2021	wnl	1.58	51	n	n	n	n	n	y	n	n/a	n	n	y	n	y	n	n
275	29294	LK	13	m	RS	25-08-2021	wnl	1.57	46	n	n	y	n	n	n	n	n/a	y	y	n	n	n	n	n
276	601799	AG	8	m	NG	25-08-2021	wnl	1.28	25	y	y	y	y	y	n	n	n/a	n	y	y	y	n	n	n
277	1161323	SG	2	m	PG	26-08-2021	wnl	1.6	58	n	n	y	n	n	n	n	n/a	y	n	n	n	n	n	n
278	116141	AD	4	m	VD	26-08-2021	wnl	0.95	14	y	n	n	y	y	n	n	n/a	n	y	n	n	n	n	n
279	1156584	FS	1	m	JS	26-08-2021	wnl	0.7	8	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
280	622219	LK	16	m	VK	26-08-2021	wnl	1.7	59	y	n	y	y	y	n	n	n/a	n	y	n	n	n	n	n
281	360389	TB	8	f	VB	26-08-2021	wnl	1.18	22	n	n	n	n	n	n	n	patch of hairloss	n	y	n	n	n	n	n
282	988564	SY	9	f	SY	26-08-2021	wnl	1.25	22	y	y	y	n	y	n	n	n/a	n	n	y	n	n	n	n
283	1287650	BK	4	f	KPS	27-08-2021	wnl	0.98	17	y	n	n	n	n	y	y	n/a	n	n	n	n	n	n	n
284	809995	BS	3	m	BS	27-08-2021	wnl	0.97	13.5	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
285	1278084	MR	17	m	NR	28-08-2021	wnl	1.68	56	n	n	n	n	y	y	y	n/a	n	n	n	y	n	n	n
286	320000	A	15	m	N	28-08-2021	wnl	1.61	55	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
287	1162156	GS	2	m	SS	28-08-2021	wnl	0.87	9.8	y	n	n	n	n	y	y	n/a	n	n	n	n	n	n	n
288	1161403	S	13	m	SG	29-08-2021	wnl	1.59	53	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
289	1161731	KM	14	m	RM	29-08-2021	wnl	1.58	52	y	y	n	n	n	y	n	n/a	n	n	y	n	y	n	n
290	115974	YS	11	m	MS	29-08-2021	wnl	1.54	52	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
291	163737	RVA	4	m	MA	30-08-2021	wnl	1.08	15	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
292	1163886	KK	6	f	MS	30-08-2021	wnl	1.2	18	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
293	1164301	AC	6	m	YP	30-08-2021	wnl	1.19	18	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
294	1164293	PK	13	f	SK	31-08-2021	wnl	1.65	52	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
295	1164438	VK	4	m	VK	31-08-2021	wnl	1.08	16.8	y	y	y	y	y	n	n	n/a	n	y	n	y	n	n	n
296	1164499	AK	7	f	TS	31-08-2021	wnl	1.2	22.6	y	n	n	n	n	n	n	n/a	n	n	n	y	n	n	n
297	1165721	JK	10	f	JS	02-09-2021	wnl	1.4	34	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
298	1165739	RS	8	m	SS	02-09-2021	wnl	1.3	26	n	n	y	n	n	n	n	n/a	n	n	n	n	n	n	n
299	640855	MS	2	m	MS	02-09-2021	wnl	0.86	13	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
300	1167045	JK	17	f	SS	04-09-2021	wnl	1.62	55	n	y	n	n	n	y	n	n/a	n	n	y	n	y	n	n
301	1167074	RS	9	m	SS	04-09-2021	wnl	1.35	28	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
302	1167179	PK	2	f	SK	04-09-2021	wnl	0.86	13	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
303	488537	D	12	m	SK	07-09-2021	wnl	1.56	40	y	y	n	n	y	n	n	n/a	n	n	n	y	n	n	n
304	1168996	S	0.1	m	SS	07-09-2021	wnl	0.5	4.2	n	n	n	n	n	y	n	n/a	n	n	n	n	n	n	n
305	1171176	DK	1	m	RK	07-09-2021	wnl	0.75	10	y	y	n	n	y	n	n	n/a	n	n	n	y	n	n	n
306	889264	TB	3	f	RB	13-09-2021	wnl	0.96	13.5	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
307	1172443	RM	14	f	SM	13-09-2021	wnl	1.58	46	y	y	n	n	n	y	n	n/a	n	n	n	n	y	n	n
308	963580	BK	7	f	PS	13-09-2021	wnl	1.2	20	y	y	n	n	y	n	n	n/a	n	n	n	y	n	n	n
309	1172944	MKM	16	f	GS	14-09-2021	wnl	1.68	48	n	n	n	n	n	n	n	n/a	n	n	n	n	n	n	n
310	1174984	HG	9	m	CG	22-09-2021	wnl	1.31	28	y	y	n	y	y	y	n	n/a	n	n	y	y	n	n	n
311	1178010	AK	7	f	RK	22-09-2021	wnl	1.2	22	y	n	n	n	y	n	n	n/a	n	n	y	n	n	n	n
312	108372	VS	12	m	MS	23-09-2021	wnl	1.48	40	y	n	y	n	n	n	n	n/a	n	n	y	n	n	n	n
313	1178454	KK	8	m	NK	23-09-2021	wnl	1.2	21	n	n	n	n	n	n	n	hairloss	n	y	n	n	n	n	n
314	1013437	DS	9	m	SS	23-09-2021	wnl	1.32	27	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
315	1180738	CK	16	m	SK	27-09-2021	wnl	1.65	52	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
316	830382	P	17	f	DR	27-09-2021	wnl	1.65	54	n	n	n	n	n	n	n	hair growth	n	n	n	n	n	n	n
317	1180873	AC	4	f	SC	27-09-2021	wnl	0.94	14	y	n	n	n	n	y	n	n/a	n	n	n	n	n	n	y
318	90415	SS	13	m	SS	28-09-2021	wnl	1.55	45	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
319	1181138	HK	8	f	JS	28-09-2021	wnl	1.25	26	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
320	1143523	MK	17	m	RK	29-09-2021	wnl	1.62	55	y	y	n	n	y	n	n	n/a	n	n	y	y	n	n	n
321	1181221	AK	8	m	PK	29-09-2021	wnl	1.26	24	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
322	1162319	TV	0.3	m	SV	29-09-2021	wnl	0.54	5.4	y	y	n	n	y	y	y	n/a	n	n	n	n	n	n	n
323	479665	J	8	f	D	29-09-2021	wnl	1.27	26	n	n	y	n	n	n	n	n/a	n	n	n	n	n	n	n
324	1181747	S	14	m	M	29-09-2021	wnl	1.56	48	y	y	y	n	n	n	n	n/a	n	n	n	n	n	n	n
325	1181548	RK	0.8	m	BS	29-09-2021	wnl	0.75	10	n	n	y	n	n	n	n	n/a	n	n	n	n	n	n	n
326	211716	KK	17	f	SK	29-09-2021	wnl	1.6	52	n	n	y	n	y	n	n	n/a	n	n	n	n	n	n	n

	MORPHOLOGY OF LESIONS						SITE OF LESION																		
S NO	Other	Annular lesion	Scaling	Discoloration	Hyperpigmented	Hypopigmented	Scalp	Face	Neck	Trunk	Upper limb	Hands	Groins	Buttocks	Lower limb	Feet	Nails	RELEVANT INVESTIGATION	Vitiligo	Diaper dermatitis	PA	SD	Vector Dermatitis	CD	AD
247	n	n	y	y	n	y	n	n	y	y	n	n	n	n	n	n	n	koh	n	n	n	n	n	n	n
248	n	n	y	n	n	n	n	n	y	y	n	n	n	n	n	n	n	koh	n	n	n	n	n	n	n
249	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
250	wheals	n	n	n	n	n	n	y	n	y	y	n	n	n	y	n	n	none	n	n	n	n	n	n	n
251	comedones	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
252	comedones	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
253	wheals	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
254	n	n	y	n	n	n	n	n	y	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
255	excoriation	n	n	n	n	n	n	n	n	y	y	y	y	y	y	n	n	none	n	n	n	n	n	n	n
256	excoriation	n	n	n	n	n	n	n	n	y	n	n	y	y	y	n	n	none	n	n	n	n	n	n	n
257	n	n	y	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
258	n	n	y	n	n	n	n	n	n	n	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
259	n	n	n	n	n	n	n	y	n	n	n	y	n	n	n	n	n	none	n	n	n	n	n	n	n
260	comedones	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
261	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
262	n	n	n	y	y	n	n	n	n	n	n	n	y	n	n	n	n	none	n	n	n	n	n	n	n
263	n	n	n	n	n	n	n	y	y	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
264	wheals	n	n	n	n	n	n	n	n	y	y	n	n	n	y	n	n	none	n	n	n	n	n	n	n
265	wheals	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
266	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	koh	n	n	n	n	n	n	n
267	erosions	n	n	y	y	n	n	y	n	n	n	n	y	y	y	y	n	none	n	n	n	n	n	n	n
268	erosions,crusting	n	y	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
269	erosions,crusting	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
270	dystrophy nail	n	n	y	y	n	n	n	n	n	n	y	n	n	n	n	y	skin biopsy	n	n	n	n	n	n	n
271	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
272	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	none	n	n	n	n	n	n	n
273	n	n	y	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
274	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
275	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	y	n	n	n	n	n	n
276	n	n	y	y	y	n	y	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
277	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	y	n	n	n	n	n	n
278	n	n	y	n	n	n	n	n	n	n	y	n	n	n	y	n	n	none	n	n	n	n	n	n	y
279	excoriation	n	n	n	n	n	n	n	n	y	y	y	y	y	y	y	n	none	n	n	n	n	n	n	n
280	n	n	y	y	y	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
281	hairloss	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
282	n	y	y	y	y	n	n	n	n	y	n	n	n	n	y	n	n	koh	n	n	n	n	n	n	n
283	crusting	n	y	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
284	excoriation	n	n	n	n	n	n	n	n	y	n	n	y	y	y	n	n	none	n	n	n	n	n	n	n
285	yellowish crusting	y	y	n	n	n	n	n	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
286	excoriation	n	n	n	n	n	n	n	n	y	y	y	y	y	y	y	n	none	n	n	n	n	n	n	n
287	crusting,erosion	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
288	wheals	n	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
289	comedones	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
290	wheals	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
291	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
292	n	n	n	y	n	y	n	n	n	n	y	n	n	n	n	n	n	none	y	n	n	n	n	n	n
293	n	n	n	n	n	n	n	y	n	n	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
294	excoriation	n	n	n	n	n	n	n	n	n	y	y	y	y	n	n	n	none	n	n	n	n	n	n	n
295	n	n	y	y	y	n	n	y	n	n	y	n	n	n	y	n	n	none	n	n	n	n	n	n	y
296	excoriation	n	n	n	n	n	n	n	n	y	y	y	y	y	y	n	n	none	n	n	n	n	n	n	n
297	n	n	n	y	n	y	n	n	n	y	n	n	n	n	n	n	n	none	y	n	n	n	n	n	n
298	n	n	n	y	n	y	n	n	n	y	n	n	n	n	n	n	n	none	y	n	n	n	n	n	n
299	excoriation	n	n	n	n	n	n	n	n	n	y	y	y	n	n	n	n	none	n	n	n	n	n	n	n
300	comedones	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
301	n	n	n	y	n	y	n	n	n	y	n	n	n	n	n	n	n	none	y	n	n	n	n	n	n
302	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
303	n	y	y	n	n	n	n	n	n	y	n	n	n	n	y	n	n	none	n	n	n	n	n	n	n
304	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
305	n	y	y	n	n	n	n	n	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
306	excoriation	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
307	comedones	n	n	n	n	n	n	y	y	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
308	n	n	n	n	n	n	n	n	n	y	n	n	n	y	n	n	n	none	n	n	n	n	n	n	n
309	wheals	n	n	n	n	n	n	n	n	y	y	n	n	y	n	n	n	none	n	n	n	n	n	n	n
310	n	n	n	n	n	n	n	n	y	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
311	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
312	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
313	hairloss	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
314	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	none	n	n	n	n	n	n	n
315	excoriation	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
316	hypertrichois	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
317	crusting	n	n	n	n	n	n	y	y	n	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
318	excoriation	n	n	n	n	n	n	n	n	n	y	y	y	y	y	n	n	none	n	n	n	n	n	n	n
319	excoriation	n	n	n	n	n	n	n	n	n	y	y	n	y	y	y	n	none	n	n	n	n	n	n	n
320	n	n	n	n	n	n	n	n	n	y	n	n	y	y	n	n	n	none	n	n	n	n	n	n	n
321	excoriation	n	n	n	n	n	n	n	n	n	y	y	y	y	y	n	n	none	n	n	n	n	n	n	n
322	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
323	n	n	n	y	n	y	n	n	n	n	n	n	n	n	y	n	n	none	y	n	n	n	n	n	n
324	n	y	y	y	y	n	n	n	n	y	y	n	n	y	n	n	n	none	n	n	n	n	n	n	n
325	n	n	n	y	n	y	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
326	n	n	n	y	n	y	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n

	DIAGNOSIS															
S NO	PMLE	Bacterial infections	Fungal infections	Viral infections	Parasitic infections	Scabies	Nevus Anemicus	Congenital melanocytic nevus	Nevus depigmentosus	Icthyosis	IH	Erythema toxicum neonatorums	Miliaria	Acne Vulgaris	Acne Corporis	Others
247	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	pityriasis versicolor
248	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	pityriasis versicolor
249	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
250	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	acute urticaria
251	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
252	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
253	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	acute urticaria
254	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
255	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
256	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
257	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
258	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
259	n	n	n	y	n	n	n	n	n	n	n	n	n	y	n	verruca vulgaris
260	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
261	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n/a
262	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	intertrigo
263	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
264	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	acute urticaria
265	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	acute urticaria
266	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea capitis
267	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	acrodermatitis enteropathica
268	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	impetigo contagiosum
269	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	impetigo contagiosum
270	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	lichen Planus Nail
271	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
272	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
273	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
274	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
275	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
276	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
277	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
278	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
279	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
280	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
281	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	alopecia areata
282	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
283	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	impetigo contagiosum
284	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
285	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	scrofuloderma
286	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
287	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	impetigo contagiosum
288	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	chronic urticaria
289	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
290	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	acute urticaria
291	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
292	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
293	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n/a
294	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
295	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
296	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
297	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
298	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
299	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
300	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
301	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
302	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
303	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
304	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
305	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea capitis
306	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
307	n	n	n	n	n	n	n	n	n	n	n	n	n	y	y	n/a
308	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
309	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	chronic urticaria
310	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
311	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
312	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	lichen planus
313	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	alopecia areata
314	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
315	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
316	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	hirsutism
317	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	impetigo contagiosum
318	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
319	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
320	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n/a
321	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
322	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
323	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
324	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
325	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n/a
326	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	pityriasis versicolor

										CUTANEOUS MANIFESTATIONS														
S NO	MRD	NAME	AGE	SEX	FATHERS NAME	DATE	GPE	HEIGHT (M)	WEIGHT (KG)	Itching	Redness	Discoloration	Dryness of skin	Scaling	Oozing	Pain	Other	Macule	Patch	Papule	Plaque	Pustule	Vesicle	Bulla
327	1181556	P	3	m	VP	29-09-2021	wnl	0.93	14.5	y	y	n	n	y	n	n	n/a	n	n	n	y	n	n	n
328	1182357	RK	11	f	RK	29-09-2021	wnl	1.45	38	y	y	y	n	y	n	n	n/a	n	n	n	y	n	n	n
329	1182391	AN	1	f	N	29-09-2021	wnl	0.94	9.3	y	n	n	n	y	n	n	n/a	n	n	n	n	n	n	n
330	1182090	RS	6	m	VS	30-09-2021	wnl	1.15	20	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
331	874617	PIB	3	m	DIB	30-09-2021	wnl	0.95	14	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
332	1183538	BS	5	f	BS	01-10-2021	wnl	1.05	13.8	y	n	n	y	n	n	n	n/a	n	n	n	n	n	n	n
333	1183782	YS	7	f	RK	01-10-2021	wnl	1.2	23	n	n	y	n	y	n	n	n/a	n	n	n	n	n	n	n
334	922723	GS	2	m	GS	01-10-2021	wnl	0.9	12.9	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
335	12673	TS	14	m	KS	04-10-2021	wnl	1.64	52	n	n	y	n	n	n	n	n/a	n	n	n	n	n	n	n
336	1044643	AK	6	f	RS	04-10-2021	wnl	1.15	20	y	y	n	y	y	n	n	n/a	n	n	y	y	n	n	n
337	1185453	K	0.7	f	R	05-10-2021	wnl	0.7	10.86	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
338	1084419	YS	1.7	m	GS	05-10-2021	wnl	1.68	58	n	y	n	n	n	y	n	n/a	n	n	y	n	y	n	n
339	560879	MK	3	m	JS	05-10-2021	wnl	0.95	15	y	y	n	y	y	n	n	n/a	n	n	n	y	n	n	n
340	1185686	GS	5	m	AS	05-10-2021	wnl	0.95	15	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
341	920976	I	1	f	DS	05-10-2021	wnl	1.63	50	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
342	1885746	M	16	m	HA	05-10-2021	wnl	1.73	60	n	y	n	n	n	y	n	n/a	n	n	y	n	y	n	n
343	1186333	S	12	f	SM	06-10-2021	wnl	1.49	42	y	y	n	y	y	n	n	n/a	n	n	n	y	n	n	n
344	1173892	PK	3	f	GS	06-10-2021	wnl	0.95	14	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
345	1186890	JS	9	m	KS	07-10-2021	wnl	1.33	28	y	y	n	y	y	n	n	n/a	n	n	y	y	n	n	n
346	1188117	NS	4	m	SS	07-10-2021	wnl	1.02	17	y	y	y	y	y	n	n	n/a	n	n	y	y	n	n	n
347	1186884	AG	14	m	AG	07-10-2021	wnl	1.62	51	y	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
348	1188173	SS	11	m	NS	09-10-2021	wnl	1.44	37	y	n	n	y	y	n	n	n/a	n	n	y	y	n	n	n
349	1163140	NS	15	m	SS	09-10-2021	wnl	1.7	56	y	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
350	1188571	HS	2	m	GS	09-10-2021	wnl	0.86	12.5	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
351	1171024	JK	2	m	SK	10-10-2021	wnl	0.91	36	y	n	n	n	n	n	n	n/a	n	n	y	n	n	y	n
352	928574	R	11	f	HK	11-10-2021	wnl	1.42	35	n	n	y	n	n	n	n	n/a	n	n	n	n	n	n	n
353	1188989	GA	3	f	MA	11-10-2021	wnl	0.94	14.5	y	y	n	y	y	n	n	n/a	n	n	n	y	n	n	n
354	1189272	AA	0.2	f	EA	11-10-2021	wnl	0.61	6.4	y	n	n	n	y	n	n	n/a	n	n	y	n	n	n	n
355	1192035	J	17	f	PK	12-10-2021	wnl	1.72	64	y	y	y	y	y	n	y	n/a	n	n	y	n	n	n	n
356	463297	RK	8	m	SK	12-10-2021	wnl	1.28	26	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
357	780956	AK	2	m	AK	12-10-2021	wnl	0.86	13	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
358	118695	AS	15	m	PS	12-10-2021	wnl	1.7	57	y	n	n	n	n	n	n	n/a	n	n	y	n	y	n	n
359	1189744	AS	7	m	JS	12-10-2021	wnl	1.21	23	y	n	n	y	y	n	n	n/a	n	n	n	n	n	n	n
360	1190089	HK	6	f	AK	12-10-2021	wnl	1.15	20	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
361	1190426	YK	2	f	JS	13-10-2021	wnl	0.85	12	y	n	n	y	y	n	n	n/a	n	n	n	n	n	n	n
362	1180856	SS	10	f	GS	13-10-2021	wnl	1.44	32	y	n	n	y	y	n	n	n/a	n	n	y	y	n	n	n
363	1191068	SS	2	m	KG	14-10-2021	wnl	0.86	12.5	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
364	1192973	GS	6	m	MS	18-10-2021	wnl	1.5	21	y	n	n	y	y	n	n	n/a	n	n	y	y	n	n	n
365	1193003	HG	13	m	A	18-10-2021	wnl	1.56	46	y	y	n	n	n	y	n	n/a	n	n	n	y	y	n	n
366	1193524	AK	1	f	RS	19-10-2021	wnl	0.74	9.3	y	n	n	y	y	n	n	n/a	n	n	y	y	n	n	n
367	1193684	JK	9	f	GS	19-10-2021	wnl	1.33	29	y	y	n	n	y	n	n	n/a	n	n	y	y	n	y	n
368	1193875	CS	17	m	SS	19-10-2021	wnl	1.69	57	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
369	11193918	AT	2	m	MS	19-10-2021	wnl	0.86	13	n	n	y	n	n	n	n	n/a	y	n	n	n	n	n	n
370	11994688	US	7	m	RS	21-10-2021	wnl	1.21	23	y	y	n	n	y	n	n	n/a	n	n	y	y	n	y	n
371	1131686	S	0.2	m	BS	22-10-2021	wnl	0.61	6.4	n	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
372	338266	SS	15	m	KS	24-10-2021	wnl	1.7	56	y	y	n	n	n	n	n	n/a	n	n	y	n	n	y	n
373	119676	AA	7	m	KA	25-10-2021	wnl	1.21	23	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
374	1197088	J	5	f	RK	25-10-2021	wnl	1.07	17.9	n	y	y	n	n	n	n	n/a	n	y	n	n	n	n	n
375	1197170	SK	6	f	RS	25-10-2021	wnl	1.15	19.9	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
376	1197166	S	12	m	RA	25-10-2021	wnl	1.54	48	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
377	1197566	DK	0.5	m	JS	26-10-2021	wnl	0.65	6	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
378	1197539	MR	17	m	MA	26-10-2021	wnl	1.68	56	y	y	n	n	n	n	n	n/a	n	n	n	y	n	n	n
379	1197583	TK	17	f	RK	26-10-2021	wnl	1.65	57	y	y	y	n	y	n	n	n/a	n	n	y	y	n	y	n
380	1197585	D	11	m	DS	26-10-2021	wnl	1.43	35	y	n	n	n	n	y	y	n/a	n	n	n	n	n	y	n
381	1997591	S	3	f	S	26-10-2021	wnl	0.94	14.2	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
382	647800	GS	3	M	MS	26-10-2021	wnl	0.94	14.2	n	n	n	n	n	y	y	n/a	n	n	n	n	y	n	n
383	1192973	GS	0.2	m	MS	26-10-2021	wnl	0.58	5.6	n	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
384	1198202	R	7	m	SS	26-10-2021	wnl	1.21	22.9	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
385	662337	K	2	f	HK	26-10-2021	wnl	0.85	12	y	y	n	n	n	n	n	n/a	y	n	y	n	n	n	n
386	1198288	LK	1	m	RK	26-10-2021	wnl	0.75	9.6	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
387	1198385	AS	0.8	m	RS	26-10-2021	wnl	0.71	8.91	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
388	892971	JSS	2	m	JS	26-10-2021	wnl	0.86	12.5	y	y	y	y	y	n	n	n/a	n	y	y	y	n	n	n
389	1198724	G	4	m	AJ	26-10-2021	wnl	1.02	16.3	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
390	1190834	GS	10	m	KS	28-10-2021	wnl	1.38	32	y	y	n	y	y	n	n	n/a	n	n	n	y	n	n	n
391	1198863	TS	3	f	GS	28-10-2021	wnl	0.94	14.2	y	y	n	n	n	y	y	n/a	n	y	n	n	n	n	n
392	1198849	AS	6	m	SS	28-10-2021	wnl	1.15	20.6	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
393	1199218	TS	1	f	RS	28-10-2021	wnl	0.74	9.2	y	n	y	y	y	n	n	n/a	n	n	y	y	n	n	n
394	1199299	NS	4	m	LS	29-10-2021	wnl	1.02	16.3	y	y	n	n	y	n	n	n/a	n	n	y	y	y	n	n
395	988886	DN	12	f	BN	29-10-2021	wnl	0.72	9	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
396	1193610	GS	11	m	KS	29-10-2021	wnl	1.43	35.6	y	n	n	n	n	y	n	n/a	n	n	y	n	y	n	n
397	1199898	DR	11	m	KK	29-10-2021	wnl	1.45	35.6	y	y	n	y	y	n	n	n/a	n	n	y	y	n	n	n
398	1197688	KK	14	f	HS	30-10-2021	wnl	1.58	47.6	y	n	n	n	n	n	n	n/a	n	n	y	n	y	n	n
399	1200001	PK	3	f	KS	30-10-2021	wnl	0.94	14.2	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
400	1202616	A	4	m	D	06-11-2021	wnl	1.02	16.3	y	y	n	y	y	n	n	n/a	n	n	n	n	n	n	n
401	1209828	PK	2	f	RS	11-11-2021	wnl	0.53	4	n	y	n	n	n	n	n	nodule	n	n	n	n	n	n	n
402	971166	D	1	m	V	12-11-2021	wnl	0.75	9.6	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
403	986033	SS	1	f	AS	13-11-2021	wnl	0.79	11.7	y	y	y	y	y	y	n	n/a	n	n	n	y	n	n	n
404	361197	S	13	m	KS	14-11-2021	wnl	1.6	49	y	n	n	n	y	n	n	n/a	n	n	n	n	n	n	n
405	361207	A	5	m	SK	14-11-2021	wnl	1.09	19	y	n	n	n	y	n	n	n/a	n	n	n	n	n	n	n
406	400148	SJ	13	m	SJ	22-11-2021	wnl	1.49	40	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
407	1207814	T	2	m	VK	23-11-2021	wnl	0.86	27	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
408	1212195	GS	13	m	GS	23-11-2021	wnl	1.58	50	y	y	n	y	y	n	n	n/a	n	n	n	n	n	n	n
409	1212194	SK	17	f	GS	23-11-2021	wnl	1.69	56	y	y	y	y	y	n	n	n/a	n	n	n	y	n	n	n
410	5191683	HS	3	m	GS	23-11-2021	wnl	0.96	15	n	y	n	n	n	n	n	Swelling	n	n	n	n	n	n	n
411	1212118	S	7	m	AK	23-11-2021	wnl	1.22	24	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
412	1019674	KG	14	m	NK	23-11-2021	wnl	1.64	52	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
413	1134164	FS	0.8	m	NS	23-11-2021	wnl	0.75	10	n	n	y	y	y	n	n	n/a	n	n	y	n	n	n	n

	MORPHOLOGY OF LESIONS						SITE OF LESION																		
S NO	Other	Annular lesion	Scaling	Discoloration	Hyperpigmented	Hypopigmented	Scalp	Face	Neck	Trunk	Upper limb	Hands	Groins	Buttocks	Lower limb	Feet	Nails	RELEVANT INVESTIGATION	Vitiligo	Diaper dermatitis	PA	SD	Vector Dermatitis	CD	AD
327	n	y	y	n	n	n	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
328	n	y	y	n	n	n	n	n	n	y	n	n	n	n	n	n	n	koh	n	n	n	n	n	n	n
329	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
330	n	n	n	n	n	n	n	n	n	n	n	y	y	n	n	n	n	none	n	n	n	n	n	n	n
331	n	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	none	n	n	n	n	n	n	n
332	n	n	y	n	n	n	n	y	y	y	y	y	n	n	n	n	n	none	n	n	n	n	n	n	y
333	n	n	y	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
334	n	n	n	y	n	n	n	n	n	n	n	n	y	n	n	n	n	none	n	n	n	n	n	n	n
335	nodule	n	n	y	y	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
336	excoriation	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
337	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
338	excoriation	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
339	n	n	y	n	n	n	n	n	y	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
340	excoriation	n	n	n	n	n	n	n	n	n	n	n	y	y	y	n	n	none	n	n	n	n	n	n	n
341	n	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	none	n	n	n	n	n	n	n
342	excoriation	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
343	n	n	n	y	y	n	n	n	n	n	n	n	n	n	n	y	y	none	n	n	n	n	n	n	n
344	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
345	n	n	y	n	n	n	n	y	y	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
346	n	n	y	n	n	n	n	n	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
347	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
348	n	n	n	n	n	n	n	n	n	y	y	y	n	n	n	n	n	none	n	n	n	n	n	n	y
349	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
350	excoriation	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
351	excoriation	n	n	n	n	n	n	n	n	n	y	y	y	y	y	y	n	none	n	n	n	n	n	n	n
352	yellowish	n	n	y	y	n	n	n	n	n	n	n	n	n	n	n	y	none	n	n	n	n	n	n	n
353	n	n	y	n	n	n	n	n	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
354	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
355	n	n	y	y	y	n	n	y	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
356	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
357	excoriation	n	n	n	n	n	n	n	n	n	n	y	y	n	n	n	n	none	n	n	n	n	n	n	n
358	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
359	n	n	y	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
360	excoriation	n	n	n	n	n	n	n	n	n	n	y	y	y	n	n	n	none	n	n	n	n	n	n	n
361	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
362	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
363	excoriation	n	n	n	n	n	n	n	n	y	y	y	n	n	n	n	n	none	n	n	n	n	n	n	n
364	n	n	y	n	n	n	n	n	y	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
365	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
366	n	n	y	n	n	n	n	n	y	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
367	n	n	y	n	n	n	n	n	n	y	y	n	n	y	y	n	n	none	n	n	n	n	n	n	n
368	n	n	n	n	n	n	n	n	n	n	y	y	y	y	y	n	n	none	n	n	n	n	n	n	n
369	n	n	n	y	n	y	n	y	n	n	n	n	n	n	n	n	n	none	y	n	n	n	n	n	n
370	n	n	y	n	n	n	n	n	n	y	y	n	n	n	n	n	n	koh	n	n	n	n	n	n	n
371	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
372	nodule	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
373	wheals	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
374	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
375	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	none	n	n	n	n	n	n	n
376	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
377	excoriation	n	n	n	n	n	n	n	n	n	y	y	y	n	n	n	n	none	n	n	n	n	n	n	n
378	n	n	y	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
379	n	n	n	n	n	n	n	y	n	y	n	n	y	n	n	n	n	koh	n	n	n	n	n	n	n
380	crusting,erosions	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
381	n	n	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
382	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
383	erythema	n	n	n	n	n	n	n	n	n	n	n	y	y	n	n	n	none	n	y	n	n	n	n	n
384	excoriation	n	n	n	n	n	n	n	n	n	y	y	y	y	y	y	n	none	n	n	n	n	n	n	n
385	n	n	n	n	n	n	n	n	y	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
386	excoriation	n	n	n	n	n	n	n	y	y	y	y	y	y	n	n	n	none	n	n	n	n	n	n	n
387	erythema	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	none	n	n	n	n	n	n	n
388	n	n	y	y	y	n	n	y	y	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
389	excoriation	n	n	n	n	n	n	n	n	n	y	n	y	y	y	y	n	none	n	n	n	n	n	n	n
390	n	n	n	n	n	n	n	n	n	y	y	n	n	n	y	n	n	none	n	n	n	n	n	n	n
391	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	none	n	n	n	n	y	n	n
392	excoriation	n	n	n	n	n	n	n	n	n	y	n	y	y	y	n	n	none	n	n	n	n	n	n	n
393	n	n	y	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
394	n	n	n	n	n	n	n	n	n	y	n	n	n	n	y	n	n	none	n	n	n	n	n	n	n
395	erythema	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	none	n	y	n	n	n	n	n
396	excoriation	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
397	n	n	n	n	n	n	n	n	n	y	y	y	n	n	n	n	n	none	n	n	n	n	n	n	n
398	comedones	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
399	excoriation	n	n	n	n	n	n	n	n	n	n	n	y	y	y	n	n	none	n	n	n	n	n	n	n
400	n	n	n	n	n	n	n	y	y	y	y	y	y	y	y	y	n	none	n	n	n	n	n	n	n
401	n	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	none	n	n	n	n	n	n	n
402	excoriation	n	n	n	n	n	n	n	n	n	y	y	y	y	y	y	n	none	n	n	n	n	n	n	n
403	n	n	y	y	y	n	n	y	y	y	y	y	n	n	n	n	n	none	n	n	n	n	n	n	y
404	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
405	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
406	excoriation	n	n	n	n	n	n	n	n	n	y	y	y	y	y	y	n	none	n	n	n	n	n	n	n
407	n	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	none	n	n	n	n	n	n	n
408	fissuring	n	y	n	n	n	n	n	n	n	n	n	y	n	n	n	n	none	n	n	n	n	n	n	n
409	n	y	y	n	n	n	n	n	n	n	n	n	n	y	n	n	n	koh	n	n	n	n	n	n	n
410	swelling	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
411	excoriation	n	n	n	n	n	n	n	n	n	y	n	y	y	y	n	n	none	n	n	n	n	n	n	n
412	wheals	n	n	n	n	n	n	n	y	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
413	n	n	y	y	n	y	n	n	n	n	n	n	n	n	n	n	n	none	n	n	y	n	n	n	n

	DIAGNOSIS															
S NO	PMLE	Bacterial infections	Fungal infections	Viral infections	Parasitic infections	Scabies	Nevus Anemicus	Congenital melanocytic nevus	Nevus depigmentosus	Icthyosis	IH	Erythema toxicum neonatorums	Miliaria	Acne Vulgaris	Acne Corporis	Others
327	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
328	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
329	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
330	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
331	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	papular uurticaria
332	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
333	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
334	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	intertrigo
335	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n/a
336	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
337	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
338	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
339	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
340	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
341	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	papular uurticaria
342	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
343	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea pedis
344	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
345	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
346	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
347	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
348	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
349	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
350	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
351	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
352	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	onychomycosis
353	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
354	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
355	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
356	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	verruca plana
357	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
358	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
359	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
360	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
361	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
362	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
363	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
364	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
365	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
366	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
367	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
368	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
369	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
370	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
371	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n/a
372	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
373	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	acute urticaria
374	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	port wine stain
375	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	verruca vulgaris
376	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
377	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
378	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea facei
379	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea facei
380	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	Herpes Simplex
381	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n/a
382	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	folliculitis
383	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
384	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
385	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	viral exanthem
386	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
387	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	intertrigo
388	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
389	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
390	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	guttate Psoriasis
391	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
392	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
393	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
394	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
395	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
396	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
397	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	psoriasis vulgaris
398	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
399	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
400	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n/a
401	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n/a
402	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
403	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
404	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
405	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
406	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
407	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	papular urticaria
408	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	Hand Eczema
409	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
410	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	angioedema
411	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
412	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	chronic urticaria
413	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a

										CUTANEOUS MANIFESTATIONS														
S NO	MRD	NAME	AGE	SEX	FATHERS NAME	DATE	GPE	HEIGHT (M)	WEIGHT (KG)	Itching	Redness	Discoloration	Dryness of skin	Scaling	Oozing	Pain	Other	Macule	Patch	Papule	Plaque	Pustule	Vesicle	Bulla
414	1212366	N	16	f	NS	23-11-2021	wnl	1.62	53	y	y	n	y	y	y	y	n/a	n	n	n	y	n	n	n
415	1212975	PK	6	f	MS	24-11-2021	wnl	1.15	20	n	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
416	1310607	H	8	m	RS	30-11-2021	wnl	1.26	24	y	y	y	y	y	n	n	n/a	n	y	y	n	n	n	n
417	1216334	M	5	m	MS	30-11-2021	wnl	1.1	19	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
418	1216235	S	2	m	AS	30-11-2021	wnl	0.9	13	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
419	1216559	SB	4	f	MB	30-11-2021	wnl	1.01	16	y	y	n	n	n	n	n	wheals	n	n	n	n	n	n	n
420	1216151	R	7	f	MK	30-11-2021	wnl	1.17	22	y	y	y	y	yy	n	n	n/a	n	n	n	y	n	n	n
421	1216020	TV	0.9	f	MV	30-11-2021	wnl	0.76	9	y	y	n	y	n	n	n	n/a	y	n	y	y	n	n	n
422	126064	MS	12	m	JS	30-11-2021	wnl	1.5	42	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
423	354158	D	7	m	D	30-11-2021	wnl	1.24	24	n	n	y	n	n	n	n	n/a	y	n	n	n	n	n	n
424	1216321	Z	3	f	MZ	30-11-2021	wnl	0.91	13	y	y	y	y	n	n	n	n/a	n	n	n	y	n	n	n
425	1216304	MS	13	m	PS	30-11-2021	wnl	1.57	46	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
426	1200731	JK	0.5	m	MK	30-11-2021	wnl	0.65	7.4	n	y	y	n	y	n	n	n/a	n	n	n	y	n	n	n
427	1216284	P	11	f	PK	30-11-2021	wnl	1.54	46	y	y	n	n	y	n	n	n/a	n	n	y	y	n	n	n
428	1216263	R	16	m	JK	30-11-2021	wnl	1.72	58	y	y	n	n	y	n	n	n/a	n	n	n	y	n	n	n
429	1216341	HA	16	m	TA	30-11-2021	wnl	1.7	56	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
430	967681	N	3	m	DRT	01-12-2021	wnl	0.85	14.5	y	y	n	y	n	n	n	n/a	n	n	n	y	n	n	n
431	95067	SP	18	m	VP	02-12-2021	wnl	1.53	48	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
432	1184811	K	7	f	RM	02-12-2021	wnl	1.24	24	n	n	n	n	n	n	n	n/a	n	n	n	y	n	n	n
433	333706	P	11	m	MR	02-12-2021	wnl	1.45	37	y	y	y	y	y	n	n	n/a	y	n	n	y	n	n	n
434	1217944	NK	15	m	DS	03-12-2021	wnl	1.35	48	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
435	1218405	NV	13	m	RV	04-12-2021	wnl	1.32	46	y	y	y	n	n	n	n	n/a	n	n	n	y	n	n	n
436	1219179	PG	13	m	PG	06-12-2021	wnl	1.48	51	y	n	n	n	y	n	n	n/a	n	n	n	y	n	n	n
437	121907	D	3	m	NM	06-12-2021	wnl	0.96	14	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
438	1219134	NH	10	m	M.D M	06-12-2021	wnl	1.4	34	y	y	n	y	n	n	n	n/a	n	n	n	y	n	n	n
439	871720	P	4	f	AD	06-12-2021	wnl	1.06	16	y	y	n	n	n	n	n	wheals	n	n	n	n	n	n	n
440	1154537	JV	0.8	m	BB	06-12-2021	wnl	0.72	9.5	n	y	n	n	n	n	n	nodule	n	n	n	n	n	n	n
441	1050204	RK	15	f	MS	06-12-2021	wnl	1.54	49	y	y	y	y	y	n	n	n/a	n	n	n	y	n	n	n
442	1219942	SM	12	f	LM	07-12-2021	wnl	1.39	40	n	n	n	n	n	n	n	n/a	n	n	y	y	n	n	n
443	1220084	SK	8	m	SK	07-12-2021	wnl	1.37	38	y	y	y	n	y	n	n	n/a	n	n	n	n	n	n	n
444	958207	DB	2	f	VB	07-12-2021	wnl	0.86	13	y	y	n	n	n	n	n	n/a	y	n	y	n	n	n	n
445	514925	HP	16	m	PP	07-12-2021	wnl	1.72	60	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
446	1220585	S	0.1	f	PM	07-12-2021	wnl	0.54	4.5	n	n	y	n	n	n	n	n/a	n	n	n	y	n	n	n
447	1220467	GS	0.1	f	RS	08-12-2021	wnl	0.55	4.5	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
448	1185334	AK	10	f	AK	08-12-2021	wnl	1.45	39	n	n	y	n	n	n	n	n/a	n	n	n	n	n	n	n
449	89319	KK	12	m	SS	09-12-2021	wnl	1.5	42	n	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
450	1221672	PH	9	m	RK	10-12-2021	wnl	1.35	32	y	y	n	n	n	n	n	n/a	n	n	y	n	n	y	n
451	953200	AS	3	m	KS	10-12-2021	wnl	0.96	14	y	y	n	y	y	n	n	n/a	n	n	y	n	n	n	n
452	1221546	SS	7	m	DS	10-12-2021	wnl	1.2	24	y	n	y	n	n	n	y	n/a	n	n	y	y	n	n	n
453	1222348	MA	1.5	m	KK	11-12-2021	wnl	0.78	11	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
454	1213419	JS	14	m	TS	11-12-2021	wnl	1.54	48	y	n	n	n	n	n	n	n/a	n	n	y	n	y	n	n
455	1222259	V	1	f	M	11-12-2021	wnl	0.54	8.3	y	y	n	y	y	n	n	n/a	n	n	n	y	n	n	n
456	1214674	SS	9	m	JS	11-12-2021	wnl	1.34	35	y	y	n	n	n	n	n	wheals	n	n	n	n	n	n	n
457	1220297	VR	3	m	IR	11-12-2021	wnl	0.85	10	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
458	1074169	SR	12	m	A	11-12-2021	wnl	1.5	42	n	n	y	n	n	n	n	n/a	y	y	n	n	n	n	n
459	1223096	MP	14	f	WA	13-12-2021	wnl	1.58	49	n	n	n	y	y	n	n	n/a	n	n	n	n	n	n	n
460	634381	A	16	m	RP	13-12-2021	wnl	1.72	64	y	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
461	1223144	JB	3	m	SK	13-12-2021	wnl	0.9	35	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
462	1140361	MK	16	f	SS	13-12-2021	wnl	1.69	58	n	y	n	n	n	y	n	n/a	n	n	y	n	y	n	n
463	839138	BR	2	f	RC	14-12-2021	wnl	0.91	36	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
464	199480	NV	12	m	RK	14-12-2021	wnl	1.25	63	y	y	y	n	y	n	n	n/a	n	n	n	y	n	n	n
465	1223724	JS	4	m	JS	14-12-2021	wnl	1.05	15	y	y	y	y	y	n	n	n/a	n	n	y	y	n	n	y
466	1223761	A	16	f	JS	14-12-2021	wnl	1.6	42	y	y	y	n	n	n	y	n/a	n	n	y	n	n	n	n
467	1184165	NK	0.2	m	GS	14-12-2021	wnl	0.58	3	n	y	n	n	y	n	n	n/a	n	n	n	y	n	n	n
468	1211676	HC	16	m	MC	14-12-2021	wnl	1.83	72	y	y	n	n	n	n	n	n/a	n	n	y	y	y	n	n
469	1223666	RL	9	F	BL	14-12-2021	wnl	1.2	32	n	n	y	n	n	n	n	n/a	n	n	n	n	n	n	n
470	395501	SC	14	m	SC	14-12-2021	wnl	1.59	48	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
471	1223795	JS	15	m	CS	14-12-2021	wnl	1.58	49	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n
472	1223841	S	7	f	SA	14-12-2021	wnl	1.23	31	y	n	n	n	n	y	n	n/a	n	n	n	n	y	n	n
473	53408	PV	18	m	NK	14-12-2021	wnl	1.72	60	y	y	n	n	n	n	n	n/a	n	n	y	n	y	n	n
474	1210096	IJ	0.1	f	SJ	14-12-2021	wnl	0.55	3.8	n	n	n	y	y	n	n	n/a	n	n	y	n	n	n	n
475	1223923	A	8	f	D	14-12-2021	wnl	1.3	26	y	y	n	y	y	y	n	n/a	n	n	y	n	n	n	n
476	1222541	AK	2	f	RS	14-12-2021	wnl	0.85	12	n	y	n	n	n	y	y	n/a	n	n	n	n	n	n	n
477	1224554	N	0.5	m	AK	15-12-2021	wnl	0.67	8	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
478	1152033	J	9	m	SP	15-12-2021	wnl	1.21	31	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
479	1224942	V	13	f	KS	16-12-2021	wnl	1.57	46	y	n	n	n	n	n	n	n/a	n	n	y	n	n	y	n
480	1123965	AA	13	m	TH	17-12-2021	wnl	1.59	6	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
481	1227166	SC	7	m	SK	21-12-2021	wnl	1.22	30	y	y	n	n	y	n	n	n/a	n	n	y	n	n	n	n
482	625071	AP	11	f	AP	21-12-2021	wnl	1.45	37	y	n	n	n	y	n	n	n/a	n	n	n	n	n	n	n
483	1227088	JS	15	m	NS	21-12-2021	wnl	1.69	57	n	y	n	n	n	y	n	n/a	n	n	y	n	y	n	n
484	1227194	JK	14	f	SS	21-12-2021	wnl	1.62	51	y	y	n	y	n	n	n	n/a	n	n	y	y	n	n	n
485	925855	G	2	f	PB	21-12-2021	wnl	0.9	13	y	y	n	n	n	n	n	n/a	n	n	n	n	n	n	n
486	1227208	J	10	f	RS	21-12-2021	wnl	1.4	33	n	n	y	n	y	n	n	n/a	y	n	n	n	n	n	n
487	1227382	J	9	f	RK	21-12-2021	wnl	1.18	29	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
488	1227964	KK	2	f	GS	22-12-2021	wnl	0.85	12	y	y	n	y	y	n	n	n/a	n	n	y	y	n	n	n
489	1227950	RG	4	m	DL	22-12-2021	wnl	1	12	y	n	n	n	n	n	n	n/a	n	n	y	n	n	n	n
490	1134224	HK	9	f	HS	22-12-2021	wnl	0.72	9.5	y	y	n	n	n	n	n	n/a	y	n	n	n	n	n	n
491	751452	MK	8	m	RK	22-12-2021	wnl	1.3	26	y	y	n	y	n	n	n	n/a	n	n	n	y	n	n	n
492	6446	EJ	18	m	HM	22-12-2021	wnl	1.72	56	y	y	n	n	y	n	n	n/a	n	n	n	n	n	n	n
493	1228469	J	6	m	SK	23-12-2021	wnl	1.15	45	y	y	n	n	n	n	n	n/a	n	n	y	n	n	n	n

	MORPHOLOGY OF LESIONS						SITE OF LESION																		
S NO	Other	Annular lesion	Scaling	Discolouration	Hyperpigmented	Hypopigmented	Scalp	Face	Neck	Trunk	Upper limb	Hands	Groins	Buttocks	Lower limb	Feet	Nails	RELEVANT INVESTIGATION	Vitiligo	Diaper dermatitis	PA	SD	Vector Dermatitis	CD	AD
414	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	y	n	none	n	n	n	n	n	n	n
415	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
416	n	n	n	n	n	n	n	y	n	y	y	n	n	n	y	n	n	none	n	n	n	n	n	n	y
417	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	none	n	n	n	n	n	n	n
418	wheals	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
419	n	n	n	n	n	n	n	y	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
420	n	n	y	y	y	n	n	n	n	n	n	n	n	y	y	n	n	none	n	n	n	n	n	n	n
421	n	n	n	n	n	n	n	y	y	y	y	n	n	y	y	n	n	CBC	n	n	n	n	n	n	y
422	n	n	n	n	n	n	n	n	n	y	n	n	y	n	n	n	n	none	n	n	n	n	n	n	n
423	n	n	n	y	n	y	n	y	n	n	n	n	n	n	n	n	n	none	n	n	y	n	n	n	n
424	n	n	n	y	y	n	n	n	n	n	n	n	n	n	n	y	n	none	n	n	n	n	n	n	y
425	excoriation	n	n	n	n	n	n	n	n	y	n	n	y	y	n	n	n	none	n	n	n	n	n	n	n
426	n	n	y	n	n	n	n	n	n	y	n	n	y	n	n	n	n	none	n	n	n	n	n	n	n
427	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
428	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
429	excoriation	n	n	n	n	n	n	n	n	y	n	n	y	n	n	n	n	none	n	n	n	n	n	n	n
430	n	n	n	n	n	n	n	y	y	n	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
431	n	n	n	n	n	n	n	n	y	y	y	n	n	n	y	n	n	none	n	n	n	n	n	n	n
432	n	n	y	n	n	n	n	n	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
433	n	n	n	n	n	n	n	y	y	n	y	n	n	n	n	n	n	none	n	n	y	n	n	n	y
434	excoriation	n	n	n	n	n	n	n	n	n	n	n	y	y	n	n	n	none	n	n	n	n	n	n	n
435	n	y	n	n	n	n	n	n	n	y	n	n	y	y	y	n	n	koh	n	n	n	n	n	n	n
436	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
437	excoriation	n	n	n	n	n	n	n	n	y	n	n	y	y	n	n	n	none	n	n	n	n	n	n	n
438	n	n	y	n	n	n	n	n	n	y	n	n	n	n	y	n	n	none	n	n	n	n	n	n	y
439	n	n	n	n	n	n	n	y	y	y	y	n	n	y	y	n	n	none	n	n	n	n	n	n	n
440	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
441	n	n	y	y	y	n	n	y	y	n	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
442	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
443	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	y	n	none	n	n	n	n	n	n	n
444	n	n	n	n	n	n	y	y	n	y	y	n	n	n	y	n	n	none	n	n	n	n	n	n	n
445	n	n	n	n	n	n	n	n	n	y	y	y	y	y	y	n	n	none	n	n	n	n	n	n	n
446	n	n	n	y	y	n	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
447	n	n	n	y	n	y	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
448	n	n	n	y	y	n	n	n	n	n	n	n	n	n	n	n	y	none	n	n	n	n	n	n	n
449	n	n	y	n	n	n	y	y	y	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
450	n	n	n	n	n	n	n	y	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
451	n	n	y	n	n	n	n	y	y	n	y	n	n	n	n	n	n	none	n	n	n	n	n	n	y
452	n	n	n	y	y	n	n	y	n	n	n	n	n	n	y	n	n	none	n	n	n	n	n	n	n
453	excoriation	n	n	n	n	n	n	n	n	y	n	n	y	y	n	n	n	none	n	n	n	n	n	n	n
454	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
455	n	n	y	n	n	n	n	y	y	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
456	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
457	pearly white, dome shaped	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
458	n	n	n	y	n	y	n	n	n	y	n	n	n	n	n	n	n	none	y	n	n	n	n	n	n
459	n	n	y	n	n	n	n	n	n	y	y	n	n	n	y	n	n	none	n	n	n	n	n	n	n
460	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
461	excoriation	n	n	n	n	n	n	n	n	y	n	y	y	y	y	n	n	none	n	n	n	n	n	n	n
462	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
463	wheals	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
464	n	n	y	y	n	y	n	y	n	n	n	n	n	n	n	n	n	none	n	n	y	n	n	n	n
465	n	n	n	n	n	n	n	y	n	y	y	n	n	n	y	n	n	none	n	n	n	n	n	n	y
466	n	n	n	y	y	n	n	n	n	n	n	y	n	n	n	n	n	none	n	n	n	n	n	n	n
467	n	n	y	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
468	n	n	n	n	n	n	n	y	n	n	n	y	n	n	n	n	n	none	n	n	n	n	n	n	n
469	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
470	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
471	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
472	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
473	n	n	n	n	n	n	n	y	y	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
474	crusting	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
475	crusting	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
476	ulcer	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
477	excoriation	n	n	n	n	n	n	n	n	y	n	n	y	n	n	n	n	none	n	n	n	n	n	n	n
478	n	n	n	n	n	n	n	n	n	y	n	y	y	y	n	n	n	none	n	n	n	n	n	n	n
479	n	n	n	n	n	n	n	n	n	n	y	y	n	n	n	n	n	none	n	n	n	n	n	n	n
480	n	n	n	y	n	y	n	n	n	n	y	n	n	n	n	n	n	none	y	n	n	n	n	n	n
481	n	n	n	n	n	n	y	n	y	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
482	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n	none	n	n	n	y	n	n	n
483	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
484	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	none	n	n	n	n	n	y	n
485	wheals	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
486	n	n	y	y	n	y	n	y	n	n	n	n	n	n	n	n	n	none	n	n	y	n	n	n	n
487	excoriation	n	n	n	n	n	n	n	n	y	n	y	y	y	n	n	n	none	n	n	n	n	n	n	n
488	n	n	y	n	n	n	n	y	y	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
489	excoriation	n	n	n	n	n	n	n	n	n	y	y	n	y	y	n	n	n	none	n	n	n	n	n	n	n
490	n	n	n	n	n	n	n	y	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
491	n	n	n	n	n	n	n	y	y	n	n	n	n	n	n	n	n	none	n	n	n	n	n	n	y
492	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	none	n	n	n	n	n	n	n
493	excoriation	n	n	n	n	n	n	n	n	y	n	y	y	n	y	n	n	none	n	n	n	n	n	n	n

	DIAGNOSIS															
S NO	PMLE	Bacterial infections	Fungal infections	Viral infections	Parasitic infections	Scabies	Nevus Anemicus	Congenital melanocytic nevus	Nevus depigmentosus	Icthyosis	IH	Erythema toxicum neonatorums	Miliaria	Acne Vulgaris	Acne Corporis	Others
414	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	palmoplantar keratoderma
415	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
416	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
417	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	papular urticaria
418	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	acute urticaria
419	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	acute urticaria
420	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	IED
421	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
422	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
423	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
424	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
425	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
426	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea cruris
427	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
428	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
429	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
430	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
431	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	pityriasis rosea
432	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
433	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
434	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
435	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
436	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
437	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
438	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
439	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	acute urticaria
440	n	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n/a
441	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
442	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	Linear Verrucous Epidermal nevus
443	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
444	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	viral exanthem
445	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
446	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n/a
447	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n	n/a
448	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	onychomycosis
449	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
450	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	varicella
451	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
452	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	lichen planus
453	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
454	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
455	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
456	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	acute urticaria
457	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
458	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
459	n	n	n	n	n	n	n	n	n	y	n	n	n	n	n	n/a
460	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
461	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
462	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
463	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	acute urticaria
464	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	perioral dermatitis
465	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
466	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	infectious eczematoid dermatitis
467	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
468	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	contact dermatitis
469	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	premature canities
470	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	MC
471	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
472	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	scalp Folliculitis
473	n	n	n	n	n	n	n	n	n	n	n	n	n	y	y	n/a
474	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
475	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	impetigo contagiosum
476	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	pyoderma gangrenosusm
477	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
478	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
479	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	dermatitis herpetifromis
480	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
481	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	folliculitis
482	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	telogen effluvium
483	n	n	n	n	n	n	n	n	n	n	n	n	n	y	n	n/a
484	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
485	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	acute urticaria
486	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
487	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
488	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
489	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n	n/a
490	n	n	n	y	n	n	n	n	n	n	n	n	n	n	n	viral exanthem
491	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
492	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea cruris
493	n	n	n	n	n	n	y	n	n	n	n	n	n	n	n	n/a

										CUTANEOUS MANIFESTATIONS															
S NO	MRD	NAME	AGE	SEX	FATHERS NAME	DATE	GPE	HEIGHT (M)	WEIGHT (KG)	Itching	Redness	Discoloration	Dryness of skin	Scaling	Oozing	Pain	Other	Macule	Patch	Papule	Plaque	Pustule	Vesicle	Bulla
494	1228457	T	16	m	VS	23-12-2021	wnl	1.73	60	y	y	y	n	n	n	n	n/a	n	n	y	y	n	n	n
495	1228345	HK	8	f	IK	23-12-2021	wnl	1.28	57	y	n	n	n	n	n	n	n/a	n	n	y	n	y	n	n
496	1175397	MS	15	m	RS	23-12-2021	wnl	1.68	52	y	y	n	n	n	n	n	wheals	n	n	n	n	n	n	n
497	1229507	HA	3	m	DA	25-12-2021	wnl	0.95	14	y	y	n	n	n	n	n	n/a	y	n	y	n	n	n	n
498	12299330	MS	11	f	AS	25-12-2021	wnl	1.45	36	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
499	1229353	SK	12	f	IS	25-12-2021	wnl	1.45	36	n	n	y	n	n	n	n	n/a	n	y	n	n	n	n	n
500	1248333	PK	15	f	RK	25-12-2021	wnl	1.56	50	y	y	n	y	y	n	n	n/a	y	n	y	n	n	n	n

	MORPHOLOGY OF LESIONS						SITE OF LESION																		
S NO	Other	Annular lesion	Scaling	Discoloration	Hyperpigmented	Hypopigmented	Scalp	Face	Neck	Trunk	Upper limb	Hands	Groins	Buttocks	Lower limb	Feet	Nails	RELEVANT INVESTIGATION	Vitiligo	Diaper dermatitis	PA	SD	Vector Dermatitis	CD	AD
494	n	y	y	y	y	n	n	n	n	n	n	n	y	y	n	n	n	none	n	n	n	n	n	n	n
495	n	n	n	n	n	n	n	n	n	y	n	n	y	y	n	n	n	none	n	n	n	n	n	n	n
496	n	n	n	n	n	n	n	y	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n
497	n	n	n	n	n	n	n	y	n	y	y	n	n	n	n	n	n	none	n	n	n	n	n	n	n
498	n	n	n	y	n	y	n	y	n	n	n	n	n	n	n	n	n	none	y	n	n	n	n	n	n
499	n	n	n	y	n	y	n	n	n	y	n	n	n	n	n	n	n	none	y	n	n	n	n	n	n
500	crusting	n	n y	n	n	n	n	y	n	y	n	n	n	n	n	n	n	none	n	n	n	n	n	n	n

	DIAGNOSIS															
S NO	PMLE	Bacterial infections	Fungal infections	Viral infections	Parasitic infections	Scabies	Nevus Anemicus	Congenital melanocytic nevus	Nevus depigmentosus	Icthyosis	IH	Erythema toxicum neonatorums	Miliaria	Acne Vulgaris	Acne Corporis	Others
494	n	n	y	n	n	n	n	n	n	n	n	n	n	n	n	tinea corporis
495	n	y	n	n	n	n	n	n	n	n	n	n	n	n	n	folliculitis
496	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	chronic urticaria
497	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	viral exanthem
498	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
499	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n/a
500	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	systemic Lupus Erythematosus

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No. BFUHS/2K21p-III/ 86

Date 22/11/21

The Principal,
DMC, Ludhiana.

Subject: **Approval of Plan of Thesis.**

This is to inform you that the Faculty of Medical Sciences in its meeting held on 29.10.2021 has approved the plan of thesis of **Jaismine Kaur Kohli**, a student of your college for **MD Dermatology, Venerology & Leprosy** along with the names of Supervisor/Co-Supervisor as under:-

Topic Plan of Thesis
To study pattern of dermatoses in pediatrics age group.

Supervisor
Dr. Sukhjot Kaur
Assoc. Prof.,
Dept. of Dermatology,
DMCH, Ludhiana.

Co-Supervisor

Dr. Sunil Gupta
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The student has to submit the four copies of thesis (along with PDF format) , to the Controller of Examinations, BFUHS, Faridkot, at least six months before the commencement of theory examination, if he/she is otherwise eligible to take the examination. He /She must directed to attach a photocopy of this letter with the forwarding letter while submitting thesis to the University along with the letter of approval of University for change of supervisor/Co-Supervisor, change of topic,(if any).

Dr. S P Singh MS(Oph)
Controller of Examinations

Note :

35. *If any discrepancy found regarding topic of thesis or Supervisor/Co-Supervisor, inform undersigned within one month after issue of this letter.*
36. *The student may submit the thesis as per the schedule already conveyed i.e for May/June examination 30th Nov of the preceding the year of examination and for Nov/Dec examinations 31st May of the year of examination.*

TO STUDY PATTERN OF DERMATOSES IN PEDIATRICS AGE GROUP

THESIS PROPOSAL

FOR APPROVAL OF SUBJECT OF THESIS TO BE SUBMITTED

IN PARTIAL FULFILMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

Doctor of Medicine

in

DERMATOLOGY, VENEREOLOGY AND LEPROLOGY

OF THE

BABA FARID UNIVERSITY OF HEALTH SCIENCES

FARIDKOT

March, 2021

DR. JAISMINE KAUR KOHLI

DEPARTMENT OF DERMATOLOGY, VENEREOLOGY & LEPROLOGY
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ABSTRACT OF PLAN OF THESIS

Title	To Study Pattern of Dermatoses in pediatrics age group
For the degree of	MD Dermatology, Venereology and Leprology
Name of the candidate	Dr. Jaismine Kaur Kohli
Supervisor	Dr. Sukhjot Kaur, Associate Professor, Department of Dermatology, DMCH, Ludhiana)
Co-supervisor	Dr. Sunil Gupta, Professor & Head, Department of Dermatology, DMCH, Ludhiana Dr. Puneet Aulakh Pooni, Professor & Head, Department of Pediatrics, DMCH, Ludhiana
Institution	Dayanand Medical College & Hospital, Ludhiana
University	Baba Farid University of Health Sciences, Faridkot

Introduction: The evaluation for skin disorders forms an important component of primary health care practice for all including children. The prevalence of certain skin diseases in children can reflect status of health, hygiene, and personal cleanliness of a community

Aim of Study: To study the pattern of dermatoses in pediatrics age group.

Materials & methods: The study will be conducted at Dayanand Medical College and Hospital, Ludhiana on patients of pediatrics age group. A total of 500 patients of pediatrics dermatoses will be included in the study to find out the pattern of skin diseases in pediatrics age group.

Clinical Significance: The pattern of skin disease is a consequence of poverty, malnutrition, overcrowding, poor hygiene, illiteracy, and social backwardness in many parts of India [3]. The evaluation for skin disorders is an important component of primary health care practice for all, including children [4]. Status of health, hygiene and personal cleanliness of a society can be judged from the prevalence of certain skin diseases in the children of the community

Keywords: Pediatrics, Dermatoses

(Signature)	(Signature)	(Signature)	(Signature)	(Signature)
Candidate	Co-supervisor	Co-supervisor	Supervisor	Principal

CERTIFICATE OF FACILITIES AVAILABLE

This is to certify that the facilities for work on the subject of thesis titled "**TO STUDY PATTERN OF DERMATOSIS IN PEDIATRICS AGE GROUP**" exist in the Department of Dermatology, Venereology & Leprosy at Dayanand Medical College and Hospital, Ludhiana and will be provided to the candidate. We will see that the data being included in the thesis are genuine and is collected by the candidate herself under our supervision and guidance.

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APPROVAL PROFORMA
BY RESEARCH & ETHICAL COMMITTEE
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Name of candidate	Dr. Jaismine Kaur Kohli
Department	DERMATOLOGY, VENEREOLOGY AND LEPROLOGY
Topic of Thesis	To Study Pattern of Dermatosis in Pediatrics Age Group.
Likely date of appearing in PG examination	MAY-JUNE 2022
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Signature of Members of Research Committee with Stamp	**Signature of Members of Ethics Committee with Stamp**
Dr. Harpreet Kaur (Professor & Head, Pathology)	Mr. R K Sharma (Legal Expert)
Dr. Jaspal Singh (Professor & Head, Surgery)	Dr. Ramit Mahajan (Associate Professor, Gastroenterology)
Dr. Dinesh Gupta (Professor & Head, Medicine)	Dr. Anu Sharma (Professor, Anatomy)
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	Dr. Gagandeep Singh (Secretary, Ethics Committee Professor & Head, Neurology)

Approved: Yes / No

Dr. Sandeep Puri
Chairperson
Research Committee

Approved: Yes / ~~No~~

Prof. Arvind Malhotra
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BABA FARID UNIVERSITY OF HEALTH SCIENCES, FARIDKOT

PROFORMA FOR REGISTRATION OF SUBJECT FOR DISSERTATION

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3	COURSE OF STUDY AND SUBJECT	MD DERMATOLOGY , VENEREOLOGY AND LEPROLOGY
4	DATE OF ADMISSION OF COURSE	06-07-2020
5	TITLE OF THE TOPIC	TO STUDY PATTERN OF DERMATOSES IN PEDIATRICS AGE GROUP

6. BRIEF RESUME OF THE INTENDED WORK

6.1 NEED FOR THE STUDY

Pediatric dermatoses include a range of infectious and non-infectious skin diseases encountered during different phases of childhood.[1]

Dermatological ailments are one of the most common complaints experienced by the pediatric population and are common all over the world affecting both rural and urban setting. Majority of the dermatoses result from intrinsic genetic abnormalities have onset in the paediatric age group.[2] Studies of pediatric population which constitutes the cornerstone of the community can play an important role in determining the policies of protective medicine and public health.

The prevalence of pediatric skin diseases varies worldwide. There is a variation in pattern of skin disease in pediatric age group from one country to another and even more so within the same country from one state to another due to climatic, cultural and socio-economic variations.

Most children aged less than 1 year stay within their household, while preschool children are exposed to their neighbourhood. Thus, childhood age may be considered as a surrogate marker for environmental risks.[3]

In India factors such as malnutrition, poverty, overcrowding, poor hygiene, illiteracy, and social backwardness influence the pattern of skin diseases.[4]

In order to monitor the pattern of skin problems in the children and to understand the relationship of skin diseases and various parameters such as age, gender, socioeconomic status etc, there is necessity of epidemiologic data. The epidemiologic data also assist to serve as a root for framing health care programs by health care professionals in the primary health care with the intention to decrease long-term morbidity and socioeconomic brunt associated with diseases.

The primary health care practice for all, including children requires proper evaluation of skin disorders.[5] Prevalence of certain skin

diseases in the children can be used as an Indicator of status of health, hygiene and personal cleanliness of a society.[6]

Skin disorders which are seen during childhood are often a marker of underlying systemic diseases and hereditary syndromes. The chronic dermatoses are associated with significant morbidity and psychological impact.[7] From country to country there is a variability in pattern of skin diseases with pyoderma and malnutrition being more prevalent in developing countries, while eczemas are more common in developed countries. This can be attributed to differing climatic, cultural and socio-economic factors.

Skin diseases are common in children. However, only a very few studies are available in the literature. Dealing with a child, with dermatological manifestation requires special skills and knowledge as they differ from adults in terms of clinical presentation, treatment and prognosis. [8] The present study is directed at determining the spectrum and pattern of skin diseases of children.

Dermatologic conditions in children, not only have a physical effect on health, but also influence the psychosocial development of a child. More than a cosmetic problem, skin manifestations can produce anxiety, depression and other psychological issues hindering a child's social wellbeing. This further deepens the need for a reliable background study on pediatric dermatoses.

This study can provide baseline data for future clinical research .It can also help to study the ever changing trends in presentation of various dermatological diseases in pediatric age group .This knowledge will help in narrowing down the differential diagnosis and help in prompt management of patients. Characterization of different skin lesions in the pediatric age group, is important for preparation of academics, research and health plans. The incidence of skin infections can be reduced by increasing public awareness regarding sanitation, personal hygiene and nutrition of children. This will lead to improved lifestyle and will help reduce in physical and psychological burden on the patient.

.

6.2 REVIEW OF LITERATURE

The skin is considered as the largest organ of the human body[9], and hence, being such a large organ it is more susceptible to various diseases . It has to be kept in mind that, the skin is immature in the childhood like any other organ and hence is equally prone for various pathologies.

Pediatrics age group is very precious in society in terms of emotional, social and clinical aspect; and it goes without saying that the diseases are quite different from those found in adulthood.

Pediatric dermatoses include all the skin disease seen in infancy, childhood and adolescence. Complaints related to skin are one of the most common presenting complaints in the pediatrics population.

Dermatological diseases accounts for about 30% of primary and secondary reasons for pediatric outpatient visits and 30% of all visits to dermatologists involve patients of pediatric age group.[10] The incidence of skin diseases in children has been reported to be ranging from 9%-37% in various school based studies.[11]

Dermatological disease in the pediatric population may be acute or chronic, and can show recurrence .The chronic dermatoses are associated with significant morbidity and psychological impact. Pediatric dermatoses require special emphasis as there are significant difference in the clinical presentation, treatment and prognosis.

An analysis of the prevalence of skin diseases among children in Bankura and its neighbourhood was conducted by Koley et al. All patients below the age of 14 years who attended the Bankura Sammilani Medical College Hospital Skin Outpatients' Department during the one-year-period from December 1972 to November 1973 were included in this study. This study was carried out among a predominantly rural population and thus reflected rural health in the western part of West Bengal and a high incidence of skin diseases among children was noted. The unusually high incidence of pyoderma and parasitosis points to the lack of personal hygiene and education.[12]

Porter et al. conducted a study in a total of 444 children of age younger than 5 years old in three widely distributed villages in Punjab, Pakistan

in 1980. They were examined for skin diseases. Approximately 29% of the children had infectious skin disease, with pyoderma the predominant diagnostic category. The study concluded that in rural areas of under developed country bacterial infections are the most commom. [13]

In a study conducted by Nanda et al. in Kuwait in which new patients attending the Pediatric Dermatology Clinic, Asad Al-Hammad Dermatology Center, from July 1992 to June 1996 were recorded for the study and a total of 162 dermatoses were recorded. Atopic dermatitis was the most prevalent dermatosis (31.3%), followed by viral warts (13.1%), alopecia areata (6.7%).[14]

In a retrospective study done by Sardana et al. at the Kalawati Saran Children's Hospital, New Delhi during 1997-2003. A total of 30,078 children less than 12 years of age with 32,341 new dermatoses were recorded, with a male to female ratio of 1.07:1. Maximum incidence of dermatoses was seen in the 1- to 5-year age group (44.94%). The most common dermatoses noted were infections and infestation (47.15%) in which bacterial infections were more common (58.09%) and scabies (21.54%) followed by eczemas (26.95%).[15]

A total of 300 patients from first day of life to 17 years of age were analysed in a study conducted by Sayal et al. in 1998 for pattern of skin disorders. School going children formed majority (41.3%) of cases followed by preschool children (32%). Infections formed the commonest disorder (31%) followed by eczemas (24%), papulosquamous disorders (12%), infestation (8.6%) and urticaria (5.3%) while vitiligo, acne vulgaris, alopecia areata and genodermatoses were seen in 2.7% cases each.[16]

Karthikeyan et al. conducted a study between May 2001 and June 2002 to determine the pattern of dermatoses in children in south India including 2100 children (males -995; females- 1105) with 2144 dermatoses were recorded. Infections and infestations were the most common dermatoses (54.5%) followed by dermatitis and eczema (8.6%), pigmentary disorders (5.7%), insect bite reaction (5.27%), hair and nail disorders (5.2%),miliaria (4.1%), nutritional deficiency

disorders (2.8%), urticaria (2.5%), genetic disorders(2.1%), psoriasis (1.4%), collagen vascular disorders (0.5%), hemangiomas (0.5%), drugeruptions (0.3%), pityriasis rosea (0.2%) and others (5.8%) . Pyodermas were the most commondermatoses (47.13%) followed by scabies (30.6%) amongst infections and infestations. [17]

In a prospective study by Jawade et al. in pediatric patients attending the Dermatology OPD of New Civil Hospital, Surat (NCHS) Gujarat over a period of 12 months from June 2009 to June 2010., it was noted most of the skin diseases were seen in pre-school age group (46.32%) followed by school-going children (33%) and neonates (12.83%).In neonates the most common dermatoses was transient (physiological) and constituted 39.69%. Meanwhile in > 1 month to 14 years age group, the most common dermatoses found in our study were infectious disorders that were 56.40% of the study population.[18]

A study was conducted by Sacchidanand et al. at Medical College Hospital, Bangalore during the time period Jan 2011- June 2011. A total of 1,090 new cases (boys 589; girls 501) with 1,118 dermatoses were recorded during this period. Twenty eight children had more than one dermatoses. Most of the disorders were seen between 5 and 11 y age group. The most common dermatoses was infections and infestations (32.47 %) followed by eczematous eruptions and dermatitis (20.66 %), papulosquamous and related disorders (6.08 %) and pigmentary disorders (5.81 %). Insect bite reactions and papular urticaria formed 5.1 %. Acne was seen in 5.28 % of children followed by urticaria (3.67 %), photodermatoses 2.5 % and genetic disorders (3.04 %).[19]

In a study conducted by Balai et al. in 2012 in 1000 children, age upto five years attending the Dermatology outpatient of RNT Medical College and MB Government Hospital, Udaipur. In their study they noted that majority (417; 40.60%) of dermatoses belonged to infections and infestations group followed by eczemas (358; 34.86%) and hypersensitivity (105; 10.22%) groups. Of the infection and infestation group, bacterial infection (141; 13.72%) was the most

common entity followed by scabies (107; 10.42%), fungal (67; 6.52%), and viral infection (35; 3.40%).[20]

In a cross-sectional study conducted by Hassan et al. in Government Medical College Srinagar, Jammu and Kashmir in children aged upto 16 years during December 2012 to July 2013. A total 1079 patients examined, preschool children comprised 35.5%, followed by infants (33.2%), school children (19%), and adolescents (12.3%). Most dermatoses were due to infections and infestations (317, 29.4%) followed by pigmentary disorders (154, 14.4%) and eczemas (129, 12%). Among infections, viral infections were the most common, followed by fungal, bacterial, parasitic, and mycobacterial. The most common type of eczema was pityriasis alba. In Pigmentary disorders Mongolian spot was the most common (71.9%). Among other pigmentary disorders, vitiligo accounted for 42% of cases, followed by nevus anemicus, ephelids, lichen striatus, and melasma. In the hypersensitivity disorder, papular urticaria, which constituted 8.9% of all dermatoses, was predominantly seen in preschool children.[21]

In a prospective study conducted by Bisht et al. during the time frame 06 September 2013 to 05 September 2014 in the Pediatric Dermatology Clinic of Department of DVL in a Tertiary Care Facility in Uttarakhand (SGRRIM and HS and Associated Shri Mahant Indiresh Hospital, Dehradun), a total of 721 infants and toddlers were studied.

The most common form of dermatoses in this age group in this study was infectious and infestations in origin constituting 36.46% of all cases. Of which infectious dermatoses were etiology in 195 (27.04%), and parasitic infestations constituted 68 (9.42%) cases. Of all infectious cases, 9.57% were of viral etiology, 9.01% of fungal and 8.46% bacterial etiology. Among viral infections, hand foot mouth disease (HFMD) was the most common viral infection 32 cases (46.37% of viral dematoses) in this study.[22]

Gunjana et al. conducted a prospective, observational, single centre study carried out on the patients attending paediatric OPD at GMERS Medical College, Gandhinagar. All the children between one month to 16 years of age and any gender presented with any dermatoses to the

outpatient department between the period of March 2016 to July 2016 were included in the study. In their study they noted that infections were more common dermatoses in pediatric age group (69.40%) patients as compared to non-infective dermatoses (30.60%). Overall, bacterial infection (36.80%) was more prevalent as compared to viral infection (17.40%), parasitic infection (10.20%) and fungal infection (5.00%).[23]

In a study conducted by Poudya et al. in 2016 in department of dermatology at Universal College of Medical Sciences-Teaching Hospital (UCMS-TH), a tertiary care referral hospital situated in Rupandehi District of western region of Nepal. the three most common dermatoses were fungal infections (18.5%), eczema (14.4%), and acne (10.1%). Most frequently presenting age group was young teens and teenagers (61.3%). Eczema was most frequently presenting dermatosis followed by scabies in infants, toddlers, and preschoolers. In middle childhood, the commonest dermatoses was eczema followed by fungal infection, whereas fungal infection was commonest followed by acne in young teens and teenagers.[24]

6.3 AIMS AND OBJECTIVES OF THE STUDY

1. To study pattern of dermatoses in pediatrics age group.

7. MATERIALS AND METHODS

A total of five hundred patients, age upto 18 [25] years attending the outpatient and inpatient of Dermatology department and Pediatrics department of Dayanand Medical College & Hospital, Ludhiana will be the subject of this study. After informed consent, assent and a detailed general and cutaneous examination (including hair, nails and scalp) followed by relevant investigations like routine investigations like CBC, RFT, LFT and other investigations like skin biopsy, fungal scraping for KOH etc. will be carried out wherever required. Photographs will be taken. For photographs consent of the parents and/or assent of children between 14-18 years will be taken. The finding will be recorded in a proforma for analysis and interpretation of data.

7.1 Source of Data

Patient attending outpatient and inpatient in Department of Dermatology, Venereology and Leprology and Department of Pediatrics of Dayanand Medical College and Hospital, Ludhiana will constitute the study material and source of data.

7.2 METHOD OF COLLECTION OF DATA

INCLUSION CRITERIA:

Patients aged upto 18 years, belonging to either sexes attending either outpatient or inpatient in department of Dermatology and Pediatrics of Dayanand Medical College, Ludhiana will be included in the study.

EXCLUSION CRITERIA:

- Patients not willing to participate

NUMBER OF CASES

500 patients

OUTCOME

Pattern of various dermatoses in pediatrics age group

STATISTICAL ANALYSIS

Data will be described in terms of range; mean ±standard deviation (± SD), frequencies (number of cases) and relative frequencies

(percentages) as appropriate. All statistical calculations will be done using (Statistical Package for the Social Science) SPSS 21version (SPSS Inc., Chicago, IL, USA) statistical program for Microsoft Windows

7.3 DOES THE STUDY REQUIRE ANY INVESTIGATIONS OR INTERVENTIONS TO BE CONDUCTED ON PATIENTS OR OTHER HUMANS OR ANIMALS? IF SO, PLEASE DESCRIBE BRIEFLY.

Yes, appropriate investigations will be done wherever required.

7.4 HAS ETHICAL CLEARANCE BEEN OBTAINED FROM YOUR INSTITUTION IN CASE OF 7.3?

Attached herewith.

8. LIST OF REFERENCES

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PROFORMA

S NO.: MRD:

NAME: AGE /SEX:

FATHERS NAME: DATE:

CHIEF COMPLAINS

GENERAL PHYSICAL EXAMINATION

HEIGHT (M) WEIGHT (KG)

CUTANEOUS MANIFESTATIONS

(1) Itching Yes No
(2) Redness Yes No
(3) Discolouration Yes No
(4) Dryness of skin Yes No
(5) Scaling Yes No
(6) Oozing Yes No
(7) Pain Yes No
(8) Other

Signature of Candidate **Signature of Supervisor**

MORPHOLOGY OF LESIONS

(1) Macule
(2) Patch
(3) Papule
(4) Plaque
(5) Pustule
(6) Vesicle
(7) Bulla
(8) Other
(9) Annular lesion Yes No
(10) Scaling Yes No
(11) Discolouration Yes No
Hyperpigmented
Hypopigmented

SITE OF LESION:

(1) Scalp
(2) Face
(3) Neck
(4) Trunk
(5) Upper limb
(6) Hands
(7) Groins
(8) Buttocks
(9) Lower limb
(10) Feet
(11) Nails

Signature of Candidate **Signature of Supervisor**

RELEVANT INVESTIGATION

DIAGNOSIS

(1) Vitiligo
(2) Diaper dermatitis
(3) Pityriasis alba
(4) Seborrhoeic dermatitis
(5) Vector Dermatitis
(6) Contact dermatitis
(7) Atopic dermatitis
(8) Polymorphous light eruption
(9) Bacterial infections
(10) Fungal infections
(11) Viral infections
(12) Parasitic infections
(13) Scabies
(14) Nevus Anemicus
(15) Congenital melanocytic nevus
(16) Nevus depigmentosus
(17) Icthyosis
(18) Infantile hemangioma
(19) Erythema toxicum neonatorums
(20) Miliaria
(21) Acne Vulgaris
(22) Acne Corporis
(23) Others

Signature of Candidate **Signature of Supervisor**

INFORMED PATIENT CONSENT

Date: _____

I.....D/o, W/o,

S/o..... .....am willing to participate in the study **"TO STUDY PATTERN OF DERMATOSES IN PEDIATRICS AGE GROUP"** The procedure with its complications has been explained to me in local vernacular language. I have fully understood that no special tests and extra expenditure in any form, merely for the purpose of thesis is being carried out. I am free to opt out the study any time without assigning any reason.

....

Signature of the Witness Signature of the patient

Name:

Signature of Supervisor **Signature of Candidate**

मरीज अनुमति फार्म

तिथि _____

मैं _____ पत्नी/पुत्र/पुत्री _____

निवासी _____

इस शोधकार्य **"TO STUDY PATTERN OF DERMATOSES IN PEDIATRICS AGE GROUP"** में भाग लेने के लिए सहमत हूँ। मैं इस शोधकार्य में भाग लेने के लिए अपनी स्वेच्छा से तैयार हूँ। मैं पुष्टि करता/करती हूँ की यह स्वीकृति देने के लिए मुझे कोई आर्थिक प्रलोभन नहीं दिया गया और न ही दबाव डाला गया है। मुझे इस शोधकार्य का उद्देश्य स्पष्ट कर दिया गया है और मुझे यह विश्वास है की यह विज्ञान और मानवता के लाभ के लिए है।

मैं इस शोधकार्य में भाग लेने के सम्बन्ध में किसी भी समय अपनी अस्वीकृति व्यक्त कर सकता/सकती हूँ और मेरे अस्वीकृति व्यक्त करने का मेरे इलाज पर कोई प्रभाव नहीं पड़ेगा।

_____ _____

गवाह के हस्ताक्षर रोगी के हस्ताक्षर/अंगूठे का निशान

नाम: नाम:

_____

अन्वेषक के हस्ताक्षर

_____

विद्यार्थी के हस्ताक्षर

ਮਰੀਜ਼ ਰਜ਼ਾਮੰਦੀ ਫਾਰਮ

ਮਿਤੀ_____

ਮੈ_____ਪਤਨੀ/ਪੁੱਤਰ/ਪੁੱਤਰੀ_____

ਵਾਸੀ _____

"TO STUDY PATTERN OF DERMATOSES IN PEDIATRICS AGE GROUP" ਤੇ ਚਲ ਰਹੀ ਖੋਜ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਰਜ਼ਾਮੰਦ ਹਾਂ। ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਮੈ ਆਪਣੀ ਮਰਜ਼ੀ ਨਾਲ ਤਿਆਰ ਹਾਂ। ਮੈ ਇਹ ਦਸਣਾ ਚਾਹੁੰਦਾ ਹਾਂ/ ਚਾਹੁੰਦੀ ਹਾਂ ਕੇ ਇਹ ਰਜ਼ਾਮੰਦੀ ਦੇਣ ਵਾਸਤੇ ਮੈਨੂ ਕਿਸੇ ਵੀ ਤਰਾਂ ਦਾ ਲੋਭ-ਲਾਲਚ ਨਹੀ ਦਿੱਤਾ ਗਿਆ ਅਤੇ ਨਾ ਹੀ ਕੋਈ ਦਬਾ ਪਾਇਆ ਗਿਆ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਦਾ ਮਨੋਰਥ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ ਅਤੇ ਮੈਨੂ ਇਹ ਭਰੋਸਾ ਦਵਾਇਆ ਗਿਆ ਹੈ ਕੇ ਇਹ ਖੋਜ ਵਿਗਿਆਨ ਅਤੇ ਮਾਨਵਤਾ ਦੀ ਭਲਾਈ ਲਈ ਹੈ। ਮੈ ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਬਾਰੇ ਆਪਣੀ ਰਜ਼ਾਮੰਦੀ ਕਿਸੇ ਵੀ ਸਮੇ ਵਾਪਸ ਲੈ ਸਕਦਾ ਹਾਂ/ ਸਕਦੀ ਹਾਂ ਅਤੇ ਮੇਰੀ ਰਜ਼ਾਮੰਦੀ ਵਾਪਸ ਲੈਣ ਦਾ ਮੇਰੇ ਇਲਾਜ ਤੇ ਕੋਈ ਅਸਰ ਨਹੀ ਹੋਵੇਗਾ।

_____ _____

ਗਵਾਹ ਦੇ ਹਸਤਾਖਰ ਮਰੀਜ਼ ਦੇ ਹਸਤਾਖਰ

ਮਿਤੀ_____ ਮਿਤੀ_____

ਪਤਾ _____ ਪਤਾ _____

_____

ਨਿਰੀਖਕ ਦੇ ਹਸਤਾਖਰ

_____

ਸਿਖਿਆਰਥੀ ਦੇ ਹਸਤਾਖਰ

PATIENT'S PARENT/GUARDIAN CONSENT FORM

Date: ____/____/____

I ……..F/o, M/o ……..……..…
R/o ……..…….
am willing to let my child participate in the study entitled Bed **"TO STUDY PATTERN OF DERMATOSES IN PEDIATRICS AGE GROUP"**. The procedure with its complications has been explained to me in local vernacular language. I have fully understood that no special tests and extra expenditure in any form, merely for the purpose of thesis is being carried out. I am free to opt out the study any time without assigning any reason. This will not affect my treatment and investigation of my child.

_____ _____

Signature of the Witness Signature/Thumb Impression of guardian

Name: Name:

_____ _____

Signature of the Supervisor Signature of Candidate

ਮਰੀਜ ਦੇ ਮਾਤਾ/ਪਿਤਾ ਦਾ ਰਜ਼ਾਮੰਦੀ ਫਾਰਮ

ਮਿਤੀ __/___/____

ਮੈਂ _____ ਪਿਤਾ/ਮਾਤਾ _____,
ਵਾਸੀ _____

ਆਪਣੇ ਬੱਚੇ ਦੇ ਇਸ ਅਧਿਐਨ ਵਿੱਚ ਹਿੱਸਾ ਲੈਣ ਤੇ ਰਜ਼ਾਮੰਦ ਹਾਂ। ਇਸ ਖੋਜ ਕੰਮ ਵਿੱਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਮੈਂ ਆਪਣੀ ਮਰਜ਼ੀ ਨਾਲ ਤਿਆਰ ਹਾਂ। ਮੈਂ ਇਹ ਦਸਣਾ ਚਾਹੁੰਦਾ/ਚਾਹੁੰਦੀ ਹਾਂ ਕਿ ਇਹ ਰਜ਼ਾਮੰਦੀ ਦੇਣ ਵਾਸਤੇ ਮੈਨੂੰ ਕਿਸੇ ਵੀ ਤਰ੍ਹਾਂ ਦਾ ਲੋਭ-ਲਾਲਚ ਨਹੀਂ ਦਿੱਤਾ ਗਿਆ ਅਤੇ ਨਾ ਹੀ ਕੋਈ ਦਬਾ ਪਾਇਆ ਗਿਆ ਹੈ। ਮੈਨੂੰ ਇਸ ਖੋਜ ਦਾ ਮਨੋਰਥ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ ਅਤੇ ਮੈਨੂੰ ਇਹ ਭਰੋਸਾ ਦਵਾਇਆ ਗਿਆ ਹੈ ਇਹ ਖੋਜ ਵਿਗਿਆਨ ਅਤੇ ਮਾਨਵਤਾ ਦੀ ਭਲਾਈ ਲਈ ਹੈ। ਮੈਨੂੰ ਇਸ ਖੋਜ ਵਿੱਚ ਹੋਣ ਵਾਲੇ ਖਤਰੇ ਬਾਰੇ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆਂ ਹੈ ਅਤੇ ਮੈਨੂੰ ਇਹ ਯਕੀਨ ਹੈ ਕਿ ਇਹ ਖਤਰਾ ਬਹੁਤਾ ਮਾਮੂਲੀ ਹੈ। ਮੈਨੂੰ ਇਸ ਖੋਜ ਕੰਮ ਵਿੱਚ ਹਿੱਸਾ ਲੈਣ ਦਾ ਢੰਗ-ਤਰੀਕਾ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ।

ਮੈਂ ਇਸ ਖੋਜ ਕੰਮ ਵਿੱਚ ਹਿੱਸਾ ਲੈਣ ਬਾਰੇ ਆਪਣੀ ਰਜ਼ਾਮੰਦੀ ਕਿਸੇ ਵੀ ਸਮੇਂ ਵਾਪਸ ਲੈ ਸਕਦਾ/ਸਕਦੀ ਹਾਂ ਅਤੇ ਮੇਰੀ ਰਜ਼ਾਮੰਦੀ ਵਾਪਸ ਲੈਣ ਦਾ ਮੇਰੇ ਬੱਚੇ ਦੇ ਇਲਾਜ ਤੇ ਕੋਈ ਅਸਰ ਨਹੀਂ ਹੋਵੇਗਾ।

_____	_____
ਗਵਾਹ ਦੇ ਹਸਤਾਖਰ	ਮਰੀਜ਼ ਦੇ ਹਸਤਾਖਰ
ਮਿਤੀ _____	ਮਿਤੀ _____
ਪਤਾ _____	ਪਤਾ _____

_____	_____
ਨਰੀਖਕ ਦੇ ਹਸਤਾਖਰ	ਸਿਖਿਆਰਥੀ ਦੇ ਹਸਤਾਖਰ

मरीज के माता/पिता का अनुमति फार्म

तिथि ___/___/___

मैं _____ पिता/माता/_____
वासी _____,
अपने बच्चे के इस शोधकार्य में भाग लेने के लिए सहमत हूँ। मैं इस शोधकार्य में भाग लेने के लिए अपनी स्वेच्छा से तैयार हूँ। मैं पुष्टि करता/करती हूँ कि स्वीकृत देने के लिए मुझे कोई आर्थिक प्रलोभन नहीं दिया गया और न ही दबाव डाला गया है। मुझे इस शोधकार्य का उद्देश्य स्पष्ट कर दिया गया है और मुझे यह विश्वास है कि यह विज्ञान और मानवता के लाभ के लिए है। मुझे इस शोधकार्य में होने वाले जोखिम के बारे में समझा दिया गया है और मेरी समझ में यह जोखिम बहुत मामूली है।

मैं इस शोधकार्य में भाग लेने के सम्बन्ध में किसी भी समय अपनी अस्वीकृति व्यक्त कर सकता/सकती हूँ और मेरे अस्वीकृति व्यक्त करने का मेरे बच्चे के इलाज पर कोई प्रभाव नहीं पड़ेगा।

_____ _____
गवाह के हस्ताक्षर मरीज के माता/पिता के हस्ताक्षर

तिथि _____

पता _____

_____

_____

_____ _____
नरीक्षक के हस्ताक्षर प्रत्याक्षी के हस्ताक्षर